

# CHEMIST & DRUGGIST

13th year of publication Vol. 197 No. 4807

The newsweekly for pharmacy

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**A Benn Group Journal**

*Mr A. P. Launchbury who stressed to the pharmaceutical industry's medical advisers the importance of formulation in clinical trials (see p 612)*

# UNIQUE



## BURNEZE

Nothing else **cools** minor burns and scalds

**relieves** burn pain

and **reduces** burn swelling—  
instantly and all-at-once!

Burneze is an **important** burn first aid  
which you, the pharmacist, can recommend  
with professional confidence to the public.



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# A new 'profit' claim by contractors

The Central NHS (Chemist Contractors) Committee is to submit an immediate claim to the Department of Health for an increase in the rate of profit per prescription.

The decision was taken at the committee's last meeting, following consideration of the opinions of the six expert advisers appointed to review the basis of calculating the profit margin.

The committee has also approved a claim for increases in payments for providing oxygen services and in the collection and delivery allowances.

## A. Medcalfe is elected NPU chairman

Mr A. Medcalfe of Lancaster has been elected chairman of the National Pharmaceutical Union in succession to Mr K. R. Rutter.

The new vice-chairman is Mr T. I. O'Rourke, of Belfast. Mr H. B. Coulson remains treasurer.

Subcommittee chairmen are Messrs Coulson (finance), D. H. Maddock (general purposes) and D. N. Sharpe (business services).

Appointed representatives to the Central NHS (Chemist Contractors) Committee are Messrs A. Aldington, J. O. Bond, G. T. M. David, A. Howells, A. Medcalfe, D. Royce, K. R. Rutter, D. N. Sharpe, H. Steinman, G. Urwin and R. G. Worby. Deputies are Messrs H. B. Coulson, C. Jacobs and J. C. Leigh.



Mr Medcalfe wears his chain of office for the first time

## Reducing prescribed quantities

A scheme to reduce the quantities of drugs prescribed by doctors is under consideration by the Pharmaceutical Society and will be put to the British Medical Association with a view to a joint approach to the Department of Health, Mr J. P. Kerr, vice-president, told the North-west Region at a professional dinner last weekend.

He said it should be possible to devise a scheme whereby doctors could prescribe reasonable (from their point of view) quantities for those on long-term medication, without large quantities being given to the patient at any one time.

Mr Kerr based the need for such action on the numbers of accidental poisonings, particularly those involving children, and the quantities of drugs collected during recent campaigns.

One such effort in Blackpool—where the dinner was held—had resulted in the collection of 200,000 tablets and capsules, but this still ignored the source of supply of the material.

### Dental treatment warning?

In response to a plea from Mr N. Harris, president of the North-west Branch of the British Dental Association, Mr Kerr invited the BDA to approach the Society to see whether pharmacists could issue cards to patients on drugs that might interfere with dental procedures, including anaesthesia.

Mr Harris had mentioned specifically steroids, monoamine-oxidase inhibitors and tricyclic antidepressants. The patient should be told to warn the dental surgeon that he was taking drugs such as these, he said.

North-west Region conference report, p 608.



A special treat for the children living in the village of Woburn, Buckinghamshire, when a team of Elastoplast girls dropped foreign banknotes from a balloon as a lift-off to a "World money trail" promotion of the company which began on April 24. A spokesman for the company said that the promotion has a particular appeal to children and parents for its educational value together with the growing interest in collecting foreign banknotes as a hobby. Airstrip and Elastoplast Fabric tins will carry one banknote in the medium size, two notes in the large size and three notes in the family size, plus the opportunity to send away for a special collectors album at a reduced price. Flashed tins and point-of-sale material back the promotion

## Bomb blast wrecks Belfast wholesalers

The premises of Harold Mitchell & Co Ltd, wholesale chemists, Northumberland Avenue, Belfast, were totally destroyed by a bomb blast and fire on Tuesday.

The bomb was contained in one of several parcels delivered by lorry. The storeman became suspicious, opened it and raised the alarm. However the explosion occurred very soon afterwards before the Army were able to arrive. Within half-an-hour the premises were engulfed and stock worth £250,000 was destroyed. All the employees escaped injury.

The company is now seeking alternative accommodation. Meanwhile the associate company, Harold Mitchell Pharmaceuticals Ltd, have a cash-and-carry warehouse adjacent where customers can get supplies of photo and baby goods, proprietaries and toiletries.

### Transfusion inquiry

Our report of the inquiry into transfusion fluid last week

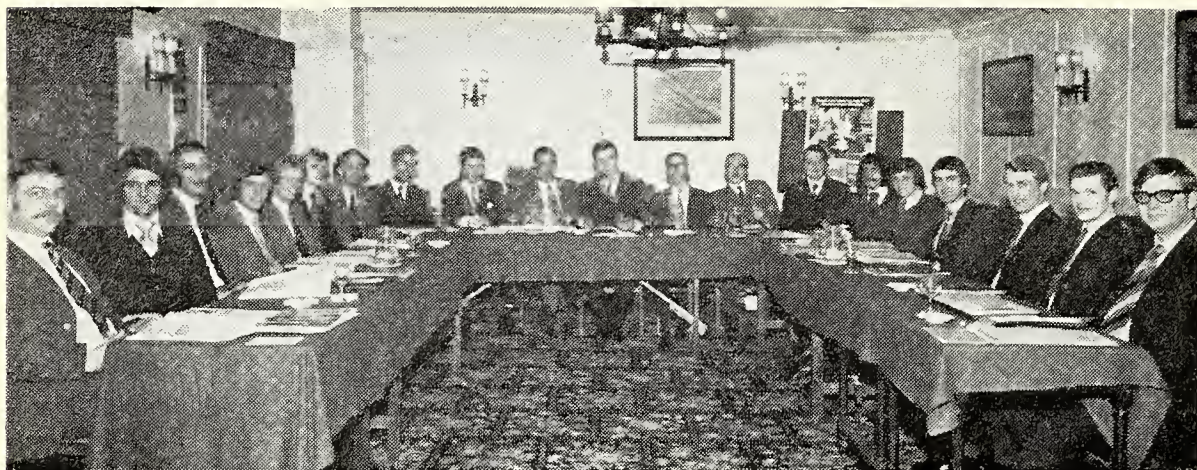
quoted Mr Michael Willows, pharmacist in the scientific and technical branch of the Department of Health, as saying that in 1966 there had been a contamination of infusion fluid at the Evans Medical factory, and that all the Ministry recommendations of 1966 had been carried out.

Mr Willows in fact said that *not* all the recommendations had been carried out. The word "not" was dropped during transmission of the report.

### Free 'Vatman' booklet

The National Pharmaceutical Union is making arrangements to send all its members a free copy of the "Meet Vatman" booklet to be published shortly by the Distributive Industry Training Board.





Watch the birdie please! Members of the sales force of Radiol Chemicals Ltd face the camera during their recent spring sales conference held at the White Hart Hotel, Witham, Essex. Promotion plans for both Radian products and Biovital were discussed. Three members of Dr Schieffer Co, manufacturers of Biovital in Cologne, Germany, also attended

## ABPI firms devote £300m to research

Companies of the Association of the British Pharmaceutical Industry are now spending more than £300m per year in research throughout the world said Mr Ivan McG. Boden, president of the Association at their annual dinner in London last week.

Mr Boden who was proposing the toast to the visitors, said it was thanks to the patent system which had protected the fruits of earlier research that this much could be spent.

"Research work is becoming more complex and more expensive in the '70s with the great emphasis on safety first at all times. Extra safeguards are laudable, but when we get to a state of safety ever-progress never, then we must all have cause for concern.

### Money needed

Mr Boden added that greater sums of money would be needed to maintain the same level of research effort, and the financial investment involved will become hard put to find the large sums required unless the cash flow from its sales could be increased.

He hoped that, with the signing of the European and Common Market Patent Conventions, the way would be open for early legislation to revise the Patents Act and to implement the recommendations of the Banks Committee.

The president noted that there was rapid progress in implementing the provisions of the 1968 Medicines Act over the past year, no less than 16 statutory instruments, all of great significance to the industry having been made between June and September 1971.

The principal guest, Sir Keith Joseph, Secretary of State, Social Services, in reply, said

the speed of implementation could not have been achieved without the co-operation of the industry. His Department looked forward to the continuation of such help and indeed arrangements were already well advanced to call on industry's experience on the "very important problem of adverse reactions to medicinal products." Product licences would shortly contain a direction about reports by industry on suspected adverse reactions and this will apply not only to incidents in the UK but also to information from abroad which comes to the attention of the product licence holder.

On purity of medicines Sir Keith said there was therefore, widespread shock at the recent Devonport Hospital deaths.

"For my part I must make sure that the control procedures enforced at the hospitals and the health service which manufacture their own infusion products are carefully reviewed. I am sure . . . that you are all putting your own control systems under the most stringent review."

On the Common Market Draft Directives Sir Keith said no Draft Directives would be adopted by the Council of Ministers of the Community without consulting the acceding members.

The UK officials have had useful discussions with ABPI during the last 18 months. "If any of you feel that the British

negotiators need more guidance from your Association, then I assure you that our doors are open to your advice."

## Payment 'arrears' criticised

It would appear that no account is taken in chemists' remuneration of the fact that the payment to contractors is well in arrears of the sums that have been paid out by them.

That is claimed by Mr C. V. Hammond, a director of Howe & Hammond Ltd, Bishop's Stortford, Herts, in a letter to the secretary of the Chemist Contractors Committee.

Mr Hammond sets out statistics relating to three pharmacies in his group which show that the smaller pharmacy suffers from the delay in payment. This is partly because in the village environment it is the less mobile exempt-charges patients whose prescriptions are dispensed, thus reducing the early part of the remuneration, and partly because of the relatively slow stock-turn.

"Is it not possible for the payment to be brought more up to date?" asks Mr Hammond. "Five to ten years ago it was possible for quite small pharmacies to obtain extended credit terms from their suppliers. Today this situation does not exist and it would appear that the pharmaceutical profession is subsidising the National Health Service on an increasing scale."

And referring to closure of three pharmacies in the group during the past three years, he asks whether the Committee has any plans for compensation where a public need has been met up to the time when economics have forced the pharmacy to close.

## VAT 'bonds' worry the professions

Powers given to HM Customs and Excise under value added tax proposals in the Finance Bill are criticised in a letter to *The Times* from leaders of eight professional bodies, among them Mr W. M. Darling, president of the Pharmaceutical Society.

The letter says the professions will particularly resent the authority for C&E to require security or bonds.

"Although this is clearly not the objective, a professional man, working on a relatively small margin, could be compelled (as the clause now stands) to pay a substantial sum before tax was actually liable, simply on the grounds that he was thought to be a possible future defaulter. The tax will introduce quite enough problems for those whose cash flow is comparatively slow or intermittent without the imposition of this additional threat, and the suggestion that bonds may be required before such a person is permitted to practise would be an entirely unwarranted new restriction."

## NHS inquiry: July date for recommendations

The McKinsey inquiry into the National Health Service is expected to be in a position to make recommendations to the Secretary of State for Social Services by the end of July.

Replying to a question in the Commons this week, Sir Keith Joseph said "A study is being conducted by a steering committee under the chairmanship of my Department's Permanent Secretary into what the management arrangements should be in the reorganised Health Service. McKinsey and Company is taking part in the study.

"A programme of field-testing of working hypotheses is being carried out for the steering committee. The committee is expected to be in a position to make recommendations to me by the end of July.

"Over the first eight months of its engagement, from July 1971 to February 1972, the cost of employing McKinsey and Company averaged £6,548 per month".



## Pharmaceutical firms among 1972 Queen's awards

Among the 90 companies to receive the 1972 Queen's Award to Industry are five pharmaceutical manufacturers, one pharmaceutical chemical maker and a manufacturer of medical equipment.

Biorex Laboratories Ltd receive the award for technological innovation in the development and production of carbenoxolone sodium for the treatment of ulcers.

John & E. Sturge who developed a new process for producing citric acid by deep fermentation has also won the award for technological innovation.

Glaxo Laboratories Ltd now sell over 60 per cent of their total output overseas. They receive the award for the sixth successive year. During the 12 months ending June 30, 1971, exports, including pharmaceuticals, infant and invalid foods, rose by nearly 20 per cent. In the past three years exports to the EEC have increased 77 per cent and those to Japan by 41 per cent.

Also receiving the award for their export performance are Beecham Group Ltd, Imperial Chemical Industries Ltd and Wander Ltd.

### Third year

Beecham Group get this award for the third year in succession for export performance in the field of human and veterinary prescription medicines. The company also received the Award in 1966 for both export performance and technological innovation.

In the year ending March 31, 1971, export sales of Beecham prescription medicines increased by 36 per cent over the previous year, and accounted for 64 per cent of total sales.

Both the pharmaceutical and agricultural divisions of ICI have won the Award. Except in 1971 the pharmaceutical division has received the award in every year since 1966 when the scheme began.

In 1969, the division received a double award when, in addition to exports, it received the technological citation for the development of drugs used in the treatment of ischaemic heart disease.

The dietetic foods division of Wander increased exports by

64 per cent during 1969-71. These go to countries throughout the world including Thailand, Hong Kong, the Caribbean and various Arab States.

Mr E. P. Godden, managing director of Wander, said that the Award was a "tribute to the hard work at all levels in the company".

The successful medical instrument company was Sherwood Medical Industries whose exports comprised hypodermic syringes, needles, catheters and instruments.

## Fall in new chemical plants

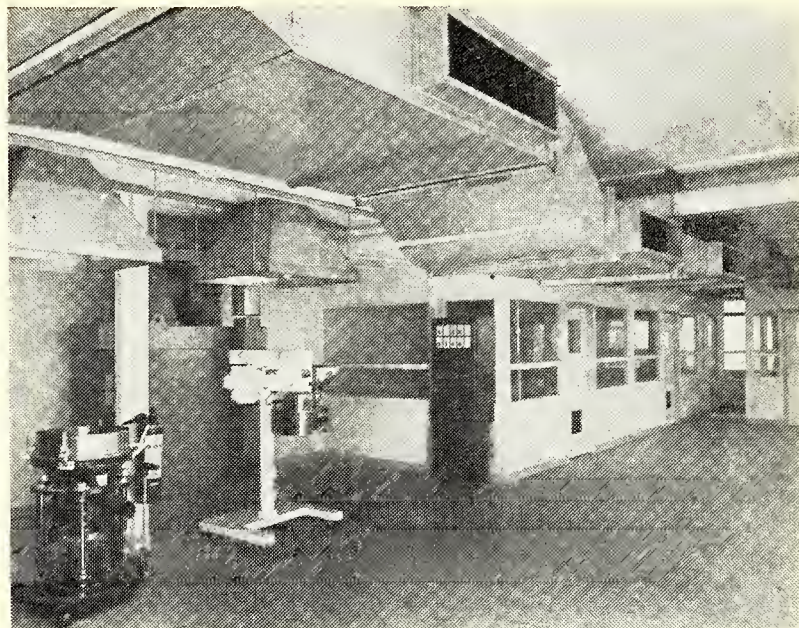
Capital expenditure by the UK chemical industry in 1971 was close to the forecast given in last year's report of the National Economic Development Council but investment in 1972 is expected to be approximately 6 per cent lower than in last year's forecast. A serious drop in investment is forecast for 1973 and 1974 with investment, at constant prices, at 55 per cent of the 1970 level, says a recent NEDC report.

Investment prospects in sector are seriously affected by the present overcapacity in the world chemical industry, particularly for basic chemicals and plastics. Until surplus capacity is taken up, prices are unlikely to rise to profitable levels and investment will be inhibited, the report adds. Investment in plant by other sections of the chemical industry which are closer to the first consumer have not been cut back so severely and could increase by approximately £10 million a year in 1973 and 1974 as a result of the 1972 Budget.

## MPs sign motion

Fifty MPs have signed an all-party Party motion calling for alternatives to experiments on animals.

It urges the Government to "set up a research institute under the auspices of the Medical Research Council to inquire into alternative methods of research not involving the use of animals".



The new low humidity plant at the Lewes Road, Brighton, factory of Arthur H. Cox & Co Ltd, which will be fully operational by June for the production of effervescent pharmaceutical products. The unit will enable the company to expand production of their own effervescent tablets and powders

# COMPANY NEWS

## CBI pledge hit Reckitt & Colman

Reviewing the 1971 results of Reckitt & Colman Ltd (last week p 557), the chairman, Mr A. M. Mason, says one particular factor that adversely affected profits in the UK was the undertaking made to the CBI not for increase prices above a prescribed limit.

World-wide development of the major products had been gathering momentum and the results will manifest themselves with increasing profitability in the years ahead, he said.

A split of sales and trading profit shows: toiletries £17.4m (£15.35m in previous year) and £2.55m (£2.41m); and pharmaceuticals £16m (£14.19m) and £3.19m (£2.44m).

Geographically, the total sales split includes: UK and Ireland £53.18m (£50m); Europe £22.94m (£20.63m).

## Hopeful returns from Photax

Photax (London) Ltd are recommending a final dividend of 11 per cent making total 15 per cent for 14 months to December 31, 1971 against a 5 per cent total for 1970. Group

profit after all charges including tax was £49,261 (£12,806 for one year). Tax charged was £39,771 (£16,149). Improved results arise primarily from considerably increased sales, directors say. Turnover in first three months of current year is running at more than 30 per cent higher than in same period of 1971. Recent reduction of purchase tax on photographic goods should have a marked effect on trading from now on say the company.

## In brief

**Rose Laird Ltd** have moved to a new factory and offices at Sewell Street, London E13 (telephone: 01-471 2121).

**Jeyes Group Ltd:** In the current year so far sales and profits of the company were ahead of last June stated the chairman, Mr S. N. Steen, at the annual meeting last week.

**Sterling-Winthrop Group Ltd** have formed a new division, Winthrop Pharmaceuticals to market new and existing chemist-only OTC specialties. The division will be complementary to Winthrop Laboratories, the division marketing products used on prescription and as diagnostic aids. Mr D. J. Boyles, MPS, becomes managing director of Winthrop Pharmaceuticals, and Mr F. W. Catley its commercial director.

**LRI International:** LRI International Ltd have formed a medical division which embraces Pharmax Ltd, the Medical Supply Association Ltd, and associated companies within the group.



# PEOPLE

**Mr E. D. Stanley Offord** has retired after 22 years with Lenthéric and Morny. His association with Morny Ltd began when he became a freelance agent in 1949; he was so successful with Morny that he handled no other accounts.

When Morny formed a sales company, he gave up his agency and joined the company as personal assistant to the managing director. Two years later, in 1961, Mr Offord was appointed sales director, a position he held until 12 months after Morny was acquired by Lenthéric Ltd.

**Dr Mervyn Mitchard, MPS**, has been appointed senior lecturer in clinical pharmacology, University of Birmingham Medical School. He will take up his new post on September 1. Dr Mitchard will be a member of the clinical team and will have an office close to a ward of patients with which he will be concerned. He is at present senior lecturer at Aston University and will continue to teach pharmacy students there. It is hoped to arrange reciprocal lecturing arrangements.

## Deaths

**Davies:** Recently, Mr Edwin Benjamin Davies, MPS, 2 Robin Hood Lane, Helsby, via Warrington. Mr Davies qualified in 1922 and was in business at 184 Chester Road, Helsby, until retiring in 1965.

**MacKenzie:** Recently, Mr Ronald George MacKenzie, MPS, Hillside Road, Dundee. Mr MacKenzie qualified in 1916 and since 1932 had been in business at 1 Alpin Road. He was a former chairman of the local branch of the Pharmaceutical Society and served on many committees.

## Appointments

**Warner Lambert:** Mr Mel Dungey has been appointed marketing director of the new Warner Lambert consumer products group, the formation of which is announced on p 610. Mr Dungey joined Warner's Richard Hudnut division as marketing director a year ago. Further appointments include Mr Don Cowie as general sales manager, Mr Dick Robson,

sales manager (Richard Hudnut), and Mr Mike Vass, national accounts manager.

**Winthrop Laboratories:** Mr E. B. D. Jones, formerly joint managing director of Sterling Health Products, has been appointed managing director of Winthrop Laboratories. Both are divisions of the Sterling-Winthrop Group.

Dr J. M. Mungavin has been appointed to the new post of director of medical affairs, Winthrop Laboratories.

**British Enkalon Ltd** are to appoint Mr A. S. Lobban as a managing director on June 1. He will have responsibility for finance and the corporate development of the group. Mr Lobban is at present managing director of Organon Laboratories Ltd and has been in the service of that company for 25 years. Both British Enkalon and Organon are members of the Akzo group of companies.

**Cooper, McDougall & Robertson Ltd:** Mr F. J. Jakob has been appointed area sales manager for the company's southern area, livestock sales division. His area covers the South and West of England.

**Sterling Health Products:** Miss Joan Angel has been appointed a director. Miss Angel joined the company in 1965, as personal assistant to Mr C. R. B. Williamson who is now chairman and managing director of Sterling-Winthrop Group Ltd.

## NEWS IN BRIEF

□ A group of doctors have started prescribing oral contraceptives to National Health Service patients on purely social grounds. Announcing their action Dr James Briggs said that he could see no legal objection.

□ A special meeting is to be held at the Pharmaceutical Society of Northern Ireland (Lecture Hall), 73 University Street, Belfast, on May 17 at 8pm to hear about and discuss the proposed NPU Voluntary Trading Organisation.

□ The general index of retail prices, which measures changes in the average level of retail prices, was 160.3 on March 21 compared with 159.8 on February 22.

□ A recent commercial film for Reckitt & Colman Steradent—"Heavy Stains"—has won the Bronze Award at the International Film and Television Festival in New York.

## Topical reflections by Xrayser

### Pre-registration year

It is evident, from the report of the annual meeting of the British Pharmaceutical Students' Association, that the period between graduation and registration continues to cause concern. Reference was made to an expression of belief that the year lacked meaning and that it could only be regarded as a period which bridged the gap between graduation and registration. On the other hand, the view has been expressed that a period of only one year is totally inadequate, and that under no circumstances should the graduate be permitted to register until three years have passed in active practice.

The fact is that registration as such does not mean that the period of learning is over. It is a perennial process throughout one's career, and that is one of life's most valuable lessons. The retiring president, Mr P. Sharott, stated that, though welcome, the Pharmaceutical Society's initiative in revising the bye-laws on pre-registration would mean little unless the whole profession, including students, made a substantial effort to make the most of the time available during the year. That is essential and no pharmacist should undertake the task of initiating the graduate into the practice of pharmacy, no matter in what field, unless he has kept himself abreast of the meaning of present day pharmacy.

The graduate must not expect his mentor to possess the wide academic knowledge he has spent his years at University in acquiring, any more than the pharmacist in charge should expect or assume that the graduate has a complete grasp of what he himself has absorbed through years of experience. Given that understanding, and a degree of tolerance on both sides, the pre-registration year should be profitable to both.

### Experience

It is, of course, impossible to do more than lay down guidelines, for no two pharmacies are alike, and I would question whether any control by the schools of pharmacy would be either advisable or practicable. The period should rather be regarded by the graduate as an opportunity, with experience at his elbow, to equate the knowledge acquired at his school with its practical application to everyday life. There is much to absorb, and a great deal to learn even from what may seem to be merely repetitive work.

It is perhaps only when one is faced with the direct application of all that has been learned in forensic pharmacy that its meaning becomes clear. And only under such circumstances that the function of the pharmacist in the protection of the public can begin to be understood. And the graduate will, by experience and by example, acquire the skill to deal at first hand with anxious people, with difficult people, and with ignorant and foolish people, all of which may be met in any one day.

### No solution yet

It will be obvious that my life has been passed in general practice pharmacy, and while I may be thought to be prejudiced on that account, I cannot agree that the student should spend the training year only in hospital.

If that is to be his future career, there might be something to be said for it, but to be registered in that way and transfer to retail pharmacy with no experience in that field poses many problems. Personally, I should not feel easy in my mind if I left a registered pharmacy in the hands of one who had no experience in that field. The ideal solution has yet to be found.



# NEW PRODUCTS AND PACKS

## Cosmetics and toiletries

### Lancome's Diaphises

Lancome's latest eye shadow, Diaphises, (£1.20) is said to combine the smoothness of a stick preparation with the finish and durability of powder.

It is a fluid formulation, and is presented in a bottle similar to their eye liners, with a rod applicator inside. Seven pearlised shades are available—grey-blue, blue, turquoise, green, violet, brown and pearl (Lancome (England) Ltd, 14 Grosvenor Street, London W1).

### Translucent fruits

Innox have introduced a range of skin care products, called Orange and Almond Skin Treatment Translucents. These are initially available in trial sizes (£0.35), although larger packs are to follow later.

These products, said to be absorbed by the skin instantly, are designed for all age groups, all types of skin and are based on concentrated juices which are "proved to give the same rejuvenating and invigorating results to the epidermis as fruit drinks give to our bodies" (Innox (England) Ltd, Innox House, 436 Essex Road, London N1).

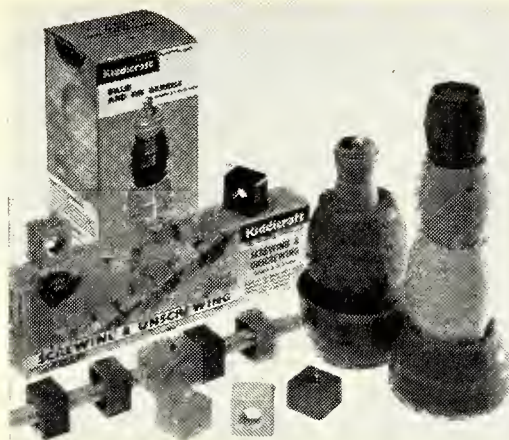
### Sun protection

Estee Lauder have introduced two additions to their range of sun products, bringing the total to five. The newcomers, both priced at £1.80, are Sun tanning oil for "maximum bronzing for serious sunners" and Sun Creme "rapid tanning with minimum sun-screen protection" (Estee Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1X 0BH).

### Wrinkle stick and mask

The latest additions to Coty's Equatone range are an eye wrinkle stick (£1.75) and self-timing mask, which is available in a six-tube coffret (£2.40) or single tubes (£0.40).

The wrinkle stick, coming in a lipstick style container, is a day and night treatment for the eye area and contains oils, emollients and proteins "to protect and lubricate the skin, discouraging lines in-



visibly". The stick should be gently applied and patted in with the fingertips, being absorbed so easily that it can be used under or over make-up, say Coty.

The mask is claimed to be self-timing because after gliding on to the skin in an opaque, peach colour, it sets and firms, turning into a transparent film like a second skin when it peels off in strips or even one piece. This process takes approximately 10 minutes. Coty recommend that the product be used once daily on oily skins, twice a week on normal skins and once a week on dry skins (Coty Ltd, Great West Road, Brentford, Middlesex).

## Dietary

### Bisks new cookies

Bisks are launching a brand new biscuit to add to their existing range of meal replacement biscuits. The Chocolate Nut Cookies (£0.27) is a "crisp, crunchy cookie with lumps of chocolate inside", and is based on one of the best-selling varieties of ordinary biscuit.

The Cookies are in a packet of twelve, and a "meal" consists of four biscuits.

Currently the chocolate biscuits are the most popular items in the Bisks range, but Bisks expect the new Chocolate Nut Cookies to challenge strongly for first place (Fisons Pharmaceutical Division, 12 Derby Road, Loughborough, Leics).

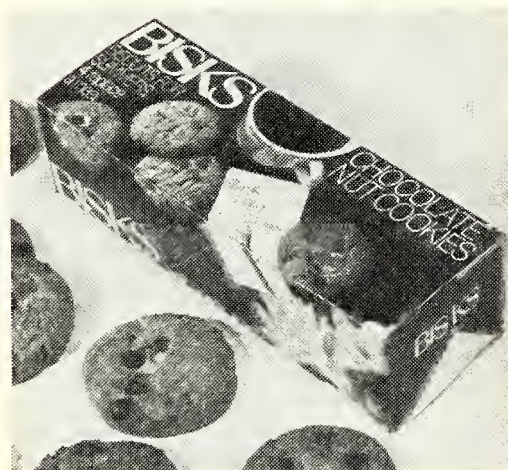
## Electrical

### Remington shavers

Remington have introduced several new lines to their range, including the LBX Cordless rechargeable electric shaver (£16.45), which is powered by nickel cadmium batteries. There is no separate recharging console while the twin heads containing the replaceable Lektro Blade cutters are set at an angle on the upper portion of the side of the shaver. The comfort bar control system offers shaving adjustment to suit all beards.

New to the Lektro Blade collection is the LB21 (£8.69), the cheapest in the range. Like the others in the range this model has a slant head designed to reach awkward hidden bristles and has dual voltage 110/127—220/240.

The GT battery shaver has now been replaced by the new GT2 (£6.74) said to have a motor at least 50 per cent more powerful than the original. It is powered by four penlight batteries, has an adjust-



able comfort control system and a new head design with a centrally placed V-shaped groove to pick up and guide stubble into the cutters. It is presented in a black travel pouch, and has a year's guarantee.

Following their introduction of the Lady Remington Hairstyler and the Hot Comb for Men last year, the company have launched the Family Hairstyler (£6.74), said to be capable of styling the hair of each member of the family. This model is available in a self-display box (Remington Electric Shaver Division, Sperry Rand Ltd, Apex Tower, Malden Road, New Malden, Surrey).

## Sundries

### Kiddicraft additions

Jackel have introduced two new Sensible toys into their Kiddicraft range. They are Billie and His Barrels (£0.97) which is a series of six coloured barrels nesting inside each other with Billie in the smallest; and Screwing and Unscrewing (£0.88) which consists of 12 coloured "nuts" to be screwed on a spindle. Both toys are designed to increase finger agility.

The company's Tommee Tippee range of trainer products is to be available in new colours. The first to be launched is Sunshine Yellow. In addition, a free counter merchandiser is now available to hold the four styles of cups and mugs (Jackel and Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).





## Berk Representatives mean business!

BERK Representatives do not make "Courtesy Calls" or just "look in while in the neighbourhood." They know how busy you are. The BERK Representative gets down to business. He calls to keep you informed about important developments in our range of speciality products and to encourage your wider use of BERK Economy Brands to meet the large volume of "open prescriptions."

The BERK Representative means friendly service, regular calls, outstanding speciality products, quality Economy Brands and better business. BERK Representatives work for us but they take their orders from you.

Approved Name	Berk Brand Name	Presentation	Packs
Bendrofluazide tablets BP	<b>BERKOZIDE</b> ®	Tab 2.5 mg & 5 mg	100 & 1000
Erythromycin tablets BP	<b>ERYCEN</b> ®	Tab 250 mg	100 & 500
Imipramine tablets BP	<b>BERKOMINE</b> ®	Tab 10 mg Tab 25 mg	250 & 1000 200 & 1000
L-dopa tablets	<b>BERKDOPA</b> *	Tab 500 mg	100 & 500
Methyldopa tablets BP	<b>DOPAMET</b> *	Tab 250 mg	250 & 1000
Nitrofurantoin tablets BP	<b>BERKFURIN</b> ®	Tab 50 mg & 100 mg	100 & 1000
Oxytetracycline tabs/caps BP and syrup	<b>BERKMYCEN</b> ®	Tab & Cap 250 mg Syrup 125 mg/5 ml	100 & 1000 500 ml
Penicillin V tablets BP	<b>ECONOPEN</b> ® V	Tab 250 mg	100 & 500
Phenylbutazone tablets BP	<b>FLEXAZONE</b> ®	Tab 100 mg Tab 200 mg	250 & 1000 250
Quinidine sulphate tablets BP	<b>AURIQUIN</b> *	Tab 200 mg & 300 mg	100 & 500
Tetracycline tabs/caps BP	<b>TETRACHEL</b> ®	Tab 250 mg Cap 250 mg	100 & 1000 100 & 500
Tetracycline mixture BPC		Syrup 125 mg/5 ml	500 ml
Tetracycline hydrochloride BP with nystatin BP tablets	<b>SILTETRIN</b> *	Tab 250 mg	100



**BERK PHARMACEUTICALS LIMITED · GODALMING & SHALFORD · SURREY**

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J.3842



# PROMOTIONS

## Philips Electrical's boost

Philips are mounting "the most powerful boost" so far for their Beauty Care range of electrical products, claimed to be the biggest selection of its kind in the country.

Until July, Ladyshave will appear in *Woman's Realm*, *Woman's Own*, *Vogue*, *Good Housekeeping*, *Woman's Weekly*, *She* and *Cosmopolitan*, their hairdriers will be advertised in the first five named publications until June and their sun lamps will be seen in *Radio Times*, *TV Times*, *Weekend* and *Reader's Digest* until June and then again in September and October (Philips Electrical Ltd, Century House, Shaftesbury Avenue, London WC2).

## Maws baby bonus

From now until July, Maws are offering a bonus scheme to the public whereby, through purchasing a group of related products, up to £1 can be saved on the next purchase.

To boost this offer, the company is distributing to stockists showcards, illustrating the various groups of products, leaflets with details of the scheme, a mobile and a shelf strip. Advertising support will appear in newspapers including *News of the World*, *Sun*, and the *Scottish Sunday Mail* (S. Maw Son & Sons Ltd, Aldersgate House, New Barnet, Herts).

## Jasmin fragrance

In a special promotion for their new Jasmin soap and talc, Roger & Gallet are offering a free pack of ten Pochettes Rafrachissantes, sachets impregnated with extra Vieille Eau de Cologne (value £0.35) to every purchaser of one of each product.

To draw public attention to the offer, there is a merchandising unit available to stockists, which holds six bottles of the talc, six three-tablet boxes of soap and six boxes of pochettes.

The company have also introduced a new counter display unit for Lip-Aide, which contains a total of 36 packs and occupies 10½in×9in of space. It has a blue and white plastic card, to be used either as a lid or as a slot-in showcard (Roger & Gallet Ltd, 17 Vettice Street, London SW6).



## Tinaderm unit

Glaxo have introduced a new counter dispenser for Tinaderm. It is designed to hold up to six tins of the powder and up to 12 tubes of the cream.

In addition, there is a three-colour display card to slot into the pack of the unit, illustrating the location of areas of foot discomfort (Merchandising Officer, Glaxo Laboratories Ltd, Greenford, Middlesex. Quote HD 670).

## Ironplan budget doubles

Starting next week is a new campaign for Ironplan. The Press advertising budget for the product has been doubled.

Two advertisements every three days for the next three months will appear in national daily and Sunday newspapers including the *Daily Mirror*, *Sun*, *Daily Express*, *Sunday Mirror*, *Sunday People* and *News of the World* (Menley & James Laboratories, Welwyn Garden City, Herts).

## Cuticura offers

A dual boost is being run for Cuticura hand cream. For the trade, there is a bonus allowing 12 cases to be invoiced as 11, said to increase profit on cost to 48 per cent, while the consumer receives a free match book of six mini emery boards with every purchase of the large size container (Cuticura Laboratories Ltd, Maidenhead, Berks).

## Medijel advertising

A potential readership of 407,868,400 is claimed for the latest advertising campaign for Medijel and Medijel pastilles, via the *Sun*, *Sunday People* and *News of the World*, which is to run throughout the year (Dendron Distributors Ltd, 94 Rickmansworth Road, Watford, Herts).

## Unican wine reduction

During May, Grey Owl are reducing the recommended price of Unican wine from £0.78 to £0.65, in line with a cut to the trade of from £6.24 per dozen to £4.68. Quantity discounts are still available.

This offer is being advertised in the *Daily Telegraph* and *Sunday Express*

while further products will be featured in hobby magazines throughout the summer. The company have also announced a range of new display aids, including posters, showcards, window stickers and leaflets (Monk's Home Brews Ltd, Kingswood, Bristol BS15 1AU).

## Cossack's Olympic Games

Three double tickets to the 1972 Olympic Games in Munich this August are offered as prizes by Reckitt & Colman for their Cossack hairspray competition which appears in the May edition of "Film Review", the magazine sold at ABC cinemas.

The competition consists of identifying movie stars from six films and the prizes include flights to Munich, accommodation, tickets for the opening ceremony, and for the swimming, boxing, football and athletics events, as well as £50 spending money and a year's supply of Cossack hairspray and Speedfoam.

The hairspray is also to be featured in a £100,000 plus advertising campaign running until December, and including three different full-page advertisements, all based on the theme: "All it controls is your hair". The message is designed to reach 65 per cent of the target age group of 16 to 24 (Reckitt & Colman toiletries division, Sunnysdale, Derby).

## Consumer offers

□ Two Tommee Tippee place mats for the price of one (£0.23) (Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).

□ Right Guard is reduced from £0.49 to £0.42 for the large anti-perspirant, £0.39 to £0.34 for the small size, £0.46 to £0.41 for the large deodorant and £0.37 to £0.34 for the small deodorant (Gillette Industries Ltd, Great West Road, Isleworth, Middlesex).

□ A free cosmetic purse (value £0.55) with every Jacqueline holiday holdall (£0.99) is available in an assortment of colours (Jackel and Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).

□ A free sheet of five "tattoo" transfers with every Mary Quant sun product. The transfers wash off after three days and last through swims if not rubbed when wet (Myram Picker Ltd, Hook Rise, Kingston By-pass, Surbiton, Surrey).

# ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; Cl = Channel Islands.

**Astral:** Ln, M

**Close Up:** All except E

**Dry Action Shield:** Ln, Lc, Y, So, NE, A

**Gillette Techmatic:** All areas

**Harmony Protein Plus:** All except E

**Liquid Radox:** All except U, E

**Phensic:** M, WW, So

**Right Guard:** All except E

**Signal:** All except E

**US anti-perspirant:** All except U, E

**Wilkinson Sword razor blades:** All except E

**Wisdom:** All except E



# TRADE NEWS

## Southalls distribute two Williams products

Southalls (Sales) Ltd, Bessemer Road, Welwyn Garden City, Herts, are now handling distribution of two Williams products, the Ice Blue Aqua Velva and Letric Shave, both of which have been relaunched this week.

The packaging changes include a blue cap for Aqua Velva, which now comes in 108cc (£0.68) and 54cc (£0.41) sizes, a blue label and a different outer with mountain scene illustration.

Letric Shave is now presented with a new label in black and white with gold flash and a similar outer. Both products are available in counter display units during the introductory period, both containing three large and six small sizes of the respective products and including a detachable headboard.

### Crewe depot to close

The Crewe depot of Parke, Davis & Co is to close as from May 19. Customers affected are being asked to direct their orders after May 15 to the company at Usk Road, Pontypool, Mon NP4 8YH.

Parke, Davis' distribution arrangements in the UK were scrutinised following the relocation of all activities from Hounslow to Pontypool. The company say that the decision to close the Crewe depot was taken in view of the ease of access of Pontypool to North Wales, the Midlands and beyond.

### Home winemaking

Available to stockists within the next six weeks will be complete home winemaking equipment kits comprising plastic containers with air locks, funnels and syphoning tubes.

Continental Wine Experts Ltd, The Winery, Cawston, Norfolk NR1 5X, are distributing the kits to complement their ingredient packs, the latest in the range being Chianti and Reisling (£1.19). In addition they are distributing new plastic point of sale material, including a showcard, printed with the words "home wine-making section" for use by retailers wishing to mount a composite display.

### Quixalud feed additive

E. R. Squibb and Sons Ltd, animal health division, Moreton, Wirral, Cheshire, have introduced Quixalud feed additive, for the control of diarrhoeas in weaned and fattening pigs associated with *E. coli* and *Salmonella* spp.

The active ingredient, halquinol, is said to be formulated in a chalk base and the product is available in 1kg (£8) and

5kg (£36) quantities, sufficient to medicate one ton and five tons of feed respectively.

The company has also announced that Panalog ophthalmic ointment is now available in 12 x 3.75ml tubes and Panalog ointment in a 100ml squeeze bottle.

### Personal hygiene ingredient

Infafresh is a broad spectrum bacteriostat offered by The Europa Chemical Co, 55 Whitfield Street, London W1A 2BX, a member of the Reed International Group.

Claimed to be effective at low concentrations, Infafresh is based on a virtually non-toxic high molecular weight organic ester in a quaternary ammonium complex in a liquid dispersion, it can be added to any liquid or applied to dry materials in any normal wet process, by spraying or impregnation.

Trials on clothing have shown that the product is entirely successful, even after laundering 400 times, Infafresh-treated towelling still showed 100 per cent inhibition against *Staphylococcus aureus*.

The company claims that Infafresh solves the vexing problems of body odour. It can be incorporated in aerosols, creams and cosmetic preparations and products for the prevention of athlete's foot, diaper rash, inflammation of the nails, sore lips and certain forms of furunculosis, ringworm and vaginal discharge.

### Market rights bought

Prince Fenn Ltd have purchased the exclusive marketing rights, world wide, to STX 470 bactericide from Fibre Treatments Ltd, Bury. This compound, carrying the name Externa-Germ, is active when impregnated in paper, board, cloth or non-woven disposable fabrics.

Prince Fenn are negotiating exclusive licences in various fields and invite inquiries from any company having a product or idea for a product that would benefit from the addition of Externa-Germ. The company say: "Potential uses cover impregnation of nappy liners to prevent nappy rash. The impregnation of disposable one-day handkerchiefs to prevent the spread of germs. And, in diluted form, as a sterilising spray for hospital or home."

Licensing rights for an industrial-catering disposable wiping-up cloth have already been sold.

### Glosspots

To complement their Greasepots, Mary Quant have launched Glosspots (£0.55), which comes in an "extra sticky formula" and can be worn either with or without lipstick. Supplies are available from Myram Picker Ltd, Hook Rise, Kingston By-pass, Surbiton, Surrey.

### Paramol tablets

BDH Pharmaceuticals Ltd, Birkbeck Street, London E2, have introduced a 500 tablet pack of Paramol-118 at a trade price of £2.44.

### Luitpold preparations

Farillon Ltd, Chesham House, Chesham Close, Romford, Essex, have been appointed sole importers and distributors for the specialities of Luitpold-Werk, Munich, Germany. The preparations include Anacal ointment and suppositories, Combizym

dragees and Combizym compound, Hirudoid cream and gel and Movelat cream.

### Femerital pack change

A new pack of Femerital tablets has been adopted by M.C.P. Pharmaceuticals Ltd, Alpertown, Wembley, Middlesex HA0 4PE. To provide greater convenience for the patient it is now being marketed in a foil-backed press-through strip, each strip being individually cartoned as a pack of 10 tablets (£0.36). The current pack of 50 tablets is to be discontinued when stocks are exhausted.

### New Summertones

Mavala Laboratories Ltd, 48 High Street, Horley, Surrey, have introduced two new Summertone nail varnishes (£0.31). They are Lisboa which is a "highly pearlised" shade of orchid mauve and Beirut, a rich cream nasturtium shade.

### Roger & Gallet additions

Roger & Gallet Ltd, 17 Vettice Street, London SW6, have added two new fragrances of Bain Tonique to the original pine. These are Oeillet (Carnation) and Santal, which has the scent of Sandalwood. Both are available in the ten bath (£0.85) and 20 bath sizes (£1.30).

### Terramycin change

Pfizer Ltd, Sandwich, Kent, have replaced the 25g pack of Terramycin Tropical Ointment (3 per cent) with a 30g pack. The trade price is £0.21. The 15g pack continues to be available at the trade price of £0.11.

### Siloxyl pack sizes

Concept Pharmaceuticals Ltd, Russell House, 59 High Street, Rickmansworth, WD3 1EZ, have introduced two new pack sizes of their antacid antifatulent preparation, Siloxyl—one containing 60 tablets (£1.26) and one containing 10 (£0.26). As with the existing presentation, the tablets are "bubble-packed" in strips. The post-Budget price for Minalka is £1.70.

### Nydrane pack

Rona Laboratories Ltd, Cadwell Lane, Hitchin, SG4 0SF, Herts, have announced that from April 10, Nydrane 500mg will be available in packs containing 100 tablets, in addition to the existing 50 and 500 tablet packs.

### Amphetamines dropped

Approved Prescription Services Ltd, PO Box 15, Whitcliffe Road, Cleckheaton, Yorkshire, have discontinued the manufacture and supply of amphetamine products.

### Discontinued

William R. Warner and Co Ltd, Eastleigh, Hants, has announced that Gelusil Lac 10s have been discontinued. Packs of 100 remain available.

## Bonus offers

Wander Ltd, 42 Upper Grosvenor Street, London W1X 0AL. Ovaltine diet bars. On packs of 24, £0.36 discount on milk and plain chocolate and £0.56 on hazel nut milk chocolate (until June 25).



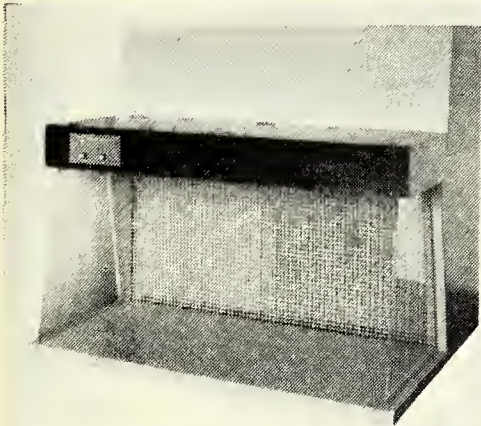
# Equipment

## A bench laminar flow cabinet

A bench-mounted horizontal laminar flow cabinet, developed to provide a clean air work station for hospitals, laboratories, etc, is being manufactured by Air Movement Ltd, Dover Road, Northfleet, Kent.

The flow cabinet is designed on a modular basis and attention has been paid to ensuring minimum noise and vibration levels from the filter plant. Air is drawn into the cabinet at high level by a centrifugal fan set through replaceable pre-filters. It is then delivered to the work area through high efficiency filters manufactured to BS 3928, against particles of 0.01-1.7 microns.

All electrical and mechanical components are contained in a robustly built cabinet faced on all visible surfaces with



melamine laminate. Clear acrylic plastic panels are provided at each end of the work surface and a melamine laminated plastics work surface is standard. Alternative surfaces such as stainless steel, are available.

Fluorescent warm white lighting tubes are contained behind ceiling mounted diffusers to provide glare-free working conditions.

The cabinet is available in a range of five sizes, with work area dimensions measuring from 575mm high x 870mm wide x 580mm deep to 727mm high x 1,784mm wide x 580mm deep.

Prices are dependent on specification, but commence from approximately £90 per ft run of work area.

## Electronic calculators

Two new Citizen electronic calculators are now being distributed in the UK and Eire by Geller Business Equipment Ltd, 15 Percy Street, London W1.

Model 100L is said by the company to "perform many functions for which one would normally expect to pay at least double". As well as performing the four standard arithmetical functions, the 100L has the ability to store and display two sets of figures—an advantage in invoice preparation that will become even more important with the introduction of value added tax, say the distributors.

It is lightweight and easily portable.

The 121L model, incorporates all the

features of the 100L, plus a separate memory with direct entry of addition or subtraction into the memory when selected. With a capacity of 12 digits, its logic incorporates flow arithmetic, automatic squaring and a unique system which permits two quite different calculations to be performed independently.

## Label dispenser

A new range of desk and bench top hand dispensers have been introduced by Avery Label Systems, Kebbell House, Carpenders Park, Watford, Herts.

The units are robustly manufactured in heavy gauge steel and finished in white stove enamel. Four rubber feet are fitted to prevent surface scratching and the weight of the unit ensures that the positioning remains firm.

Reels of self-adhesive labels are dropped into the "well" area and fed through two guide bars; the backing material is then fed behind a ribbed nylon roller. As the backing is pulled through the unit the self adhesive label is left—free of the backing strip—on the nylon support roller.

Two side dividers are fitted as standard to separate up to three rolls of labels. Extra dividers can be obtained to separate additional rolls.

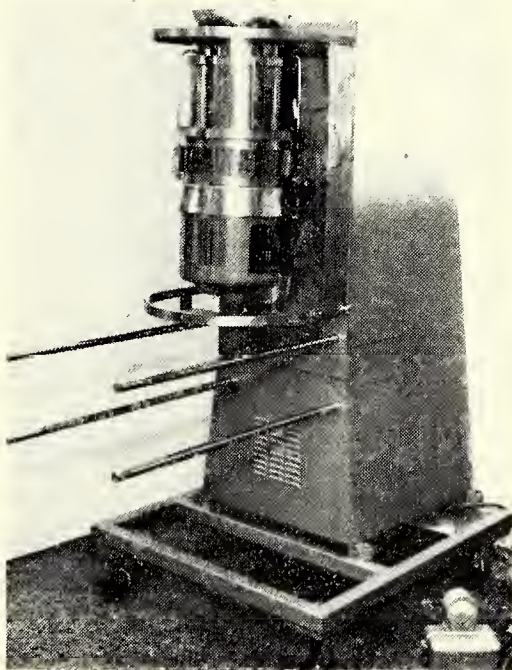
Avery HD dispenser units are available in two standard widths—6in for desk top use and 12in for applications where a larger range of rolls is required. A larger 14in unit will also be available.

## Granulator with cutting head

The latest rotary wet granulator, model 52RBCH, from Apex Construction Ltd, 15 Soho Square, London W1U 6BL, incorporates rotating, adjustable cutting-knives which cut granules to the required size after extrusion through vertical screens.

The screens have 360° of perforated area and are available with perforations from 0.041-0.375in diameter. All contact parts are in polished stainless steel and a perspex guard is provided when the cutting head feature is employed.

The manufacturers claim that this model has an output of up to 2,000lb/hr; and a smaller bench mounting model, 52RACH, an output of 600lb/hr.



# PRESCRIPTION SPECIALITIES

## AMOXIL

**Manufacturer** Bencard, Great West Road, Brentford, Middlesex

**Description** Capsules: Maroon and gold, each containing amoxycillin trihydrate 250mg. Syrup: Citrus-flavoured syrup in two strengths: 125mg in 5ml and 250mg in 5ml. Paediatric suspension: Citrus-flavoured, containing 125mg in 1.25ml. Syrup and suspension supplied as powder for reconstitution

**Indications** Upper respiratory tract infections, bronchitis, urinary tract infections and skin and soft tissue infections

**Contraindications** Amoxil is a penicillin and should not be given to penicillin hypersensitive patients

**Dosage** Adults: 250mg three times a day. Children up to 10 years: 125mg three times a day. In severe infections dosage should be doubled

**Storage** In a cool, dry place. The syrup and suspension should be used within seven days

**Packs** Capsules: 30 (£1.70 trade) and 100 (£5.30). Syrup: 125mg/5ml 100ml (£0.78), 250mg/5ml 100ml (£1.46). Paediatric suspension: 20ml (£1.10)

**Supply restrictions** TSA

**Issued** April 1972

## MAXOLON paediatric liquid

**Manufacturer** Beecham Research Laboratories, Great West Road, Brentford, Middlesex

**Description** A clear yellow, lime-flavoured liquid containing metoclopramide monohydrochloride 1mg in 1ml

**Indications** Cyclical vomiting, the vomiting of infantile gastro-enteritis and nausea and vomiting associated with intolerance to essential drugs; reflux oesophagitis and hiatus hernia

**Dosage** Infants under 1 year: 1mg twice a day; 1-3 years: 1mg two to three times daily; 3-5 years: 2mg two to three times daily

**Notes** Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics

**Precautions** Since extra pyramidal symptoms may occur with both Maxolon and phenothiazines care should be exercised if they are given concurrently

**Side effects** Although rare various extra pyramidal reactions, usually of the dystonic type have been reported. The majority of effects occur within 36 hours of starting treatments and effects usually disappear within 24 hours of withdrawal of drug

**Storage** In a cool place, shelf life 18 months. Once dispensed, use within 14 days

**Dispensing diluent** Purified water BP

**Pack** 15ml amber bottle with single dose pipette (£0.35 trade)

**Supply restrictions** PI, S4B

**Issued** May 1, 1972

## Analgesic sedative for adults

As a development from their Paedo-Sed preparation, Pharmax have launched a new analgesic sedative for adults under the brand name Eldo-Sed. It is intended for the alleviation of painful conditions where analgesia and sedation are required.

Each Eldo-Sed dispersal tablet contains paracetamol 500mg and dichloralphenazone 325mg. Packs are of 50 (trade price £0.34) and 250 (£1.62) (Pharmax Ltd, Bourne Road, Bexley, Kent DA5 1NX).



# Contractors concerned over discounting inquiry delay, committee told

Concern at the time taken to mount the inquiry into discounting of net ingredient costs was expressed at the March meeting of the Central NHS (Chemist Contractors) Committee.

It was said that there was now a conviction among many contractors that much too much money was being taken back by the Government in this way. Arrangements for the 1972 inquiry had, however, been completed prior to the meeting and the information from the statistical sample was being sought in respect of April purchases. A plea, for a more equitable apportioning of the amount of the discount recovered as between small and large contractors was made, and it was agreed that this would be considered directly the results of the inquiry were known.

After considering a report from the Department of Health, it was agreed that the "after-hours" period laid down in the special arrangements provided for in ECN 876 (where the prescriber has failed to mark the prescription "urgent" and the pharmacist's endorsement is accepted) be shortened by one hour, namely the hour immediately before the normal opening hour of 9 am.

The report had indicated that "urgent" fees had been claimed for a number of prescriptions dispensed during the half-hour preceding 9 am, the majority after 8.45 am. In addition the date of issue of the prescriptions had been at least one day, and in some cases up to a week, before the date of dispensing. The Committee also agreed that the arrangements should apply only to prescriptions written on the day, or on the previous day, on which they were presented for dispensing.

Complaints had been received about the inadequacy of the present 3p fee as recompense for the effort involved in the supply of colostomy/ileostomy apparatus and parts. The Committee approved the action taken by the office to press for a separate fee for each part of such an appliance ordered on form EC10, and would consider what further action was necessary when the reply had been received.

## Uniformity

Despite the Department's contention that the standardisation of EC34 invoice forms was a matter for individual executive councils, the Committee decided to re-submit its representations that the Department must act to bring about uniformity.

A report was considered from a local pharmaceutical committee about the continuing incidence of prescriptions for more than one patient on single forms EC10. As many as four children's prescriptions had been written on one form and contractors were expressing increasing resentment, not only at the loss of fees, but also at the dangers inherent in this type of prescribing.

The local committee felt that the

circular issued by the Department had had little or no effect and had sought the Central Committee's assistance in recovering the lost fees. It was decided to make further representations to the Department.

The Committee agreed to proposed amendments to the NHS (General Medical and Pharmaceutical Services) Regulations with the exception of the one relating to the testing of containers and measures under the drug testing scheme. The Department would be informed that this proposal was unacceptable unless similar provisions applied to dispensing doctors and that, furthermore, the necessary arrangements were made to introduce the testing procedure for dispensing doctors at the same time as it was introduced for pharmacists.

It was decided to circularise to local pharmaceutical committees a suggestion from a county pharmaceutical committee that consideration be given to the provi-

sion of a week-end on-call service satisfying the following requirements:—

- ☐ during the period when pharmacies are closed there should be one pharmacist "on-call" for about 25,000 to 50,000 persons, depending upon the density of the population;
- ☐ the doctor should contact the chemist, so preventing unnecessary calls for non-urgent matters; and
- ☐ the proposed service should not supersede the present rota service, but should be in addition to it.

The circular would also invite the views of the committees on the additional hours of business during which one or more pharmacies in an area should remain open after normal business hours; the amount of the additional payment that would be expected for providing a service; the frequency with which a pharmacist could be expected to provide a service; "on-call" service at week-ends on the lines envisaged by the county pharmaceutical committee referred to above.

Prescription statistics for November 1971 were reported:

	November 1971	November 1970
Total prescriptions	22,455,562	21,855,199
Total cost	£17,555,607	£15,072,033
Average cost	78.18p	68.96p
Average on-cost (after discounting)	4.46p	4.25p
Average fee	14.90p	12.44p

## Plea for more involvement in health education

The speed with which preparations containing hexachlorophane for baby use were withdrawn from open sale recently provided further evidence of the pharmacist's willing acceptance of responsibility in the distribution of medicines, Mr J. P. Bannerman, member of the Pharmaceutical Society's Council, told this year's Royal Society of Health congress at Eastbourne on Tuesday.

Even when dealing with apparently safe preparations, such as hexachlorophane, he continued, there were occasions when the Government demanded swift action.

What control could be exercised over proprietary medicines, he asked, if distribution to the public of a proportion of such products was in the hands of unqualified people who did not know the ingredients, or understand the actions or possible interactions of the medicaments they sold? The pharmacist was specially qualified to perform that control.

Asking another question, he said: "As long as we permit the advertising of medicines to the lay public, have we any right to expect that a person who is told by an advertisement that a particular preparation is suitable for 'tummy' upset, should suspect that that preparation contains an ingredient which under certain circumstances can be a gastric irritant and is also the main constituent of the medicines he is advised by other advertisements to take for pain relief?" said Mr Bannerman.

Referring to health education Mr

Bannerman said that in future the pharmacist's role must be extended to be more positive. The public must not only be advised on medication, but on how to promote good health and how to avoid serious illness.

Certain pharmacists felt a quite proper reluctance to become any more involved than at present in an exercise for which they received no payment. The fault was in the narrow basis of the present Health Service contract.

## Payment for service

About seven million people visited pharmacies in Britain every working day. In the new service there had to be some method of payment to recognise the contribution which the pharmacist brought to a community by his presence within it.

With the setting up of health centres and consortia, if the community pharmacies' contribution was ignored there was a genuine doubt as to whether the pharmacists operating those units would wish to continue indefinitely practising pharmacy when dispensing only a small number of prescriptions.

The general practice pharmacist was prepared to extend greatly his present involvement in the service, concluded Mr Bannerman. It was to be hoped that in the reorganised Health Service the pharmaceutical manpower would be fully utilised to provide an improved service to the community.



# COMMENT

## Direction for pharmacy

Many contributors to the discussion at Sunday's North-west Region conference (p 608) were more concerned with details—such as how the NHS charges exemptions scheme might be improved—than with the general principles of the topic, "Whither Pharmacy?" Who can blame them?

The conference heard first class papers by able speakers, but if they were to set some of the points made against each other, and against recently reported events, they may well have become confused.

Mr A. Medcalfe showed only too clearly that setting up a health centre consortium is an expensive business. And there can be no guarantee of an increased turnover to cover the new overheads—there may even be fewer prescriptions dispensed by the consortium than by its individual members, and counter trade may also be lost, whether or not one of the members' pharmacies closes.

The answer, then, is not wholly with limitation of NHS contracts, though resolution of the impasse with the company chemists on this question is on the horizon, according to Mr J. P. Kerr. If so, we may see yet more of the pharmacists' time being devoted to "professional" duties, and Mr Kerr was considering the issue of further warning cards to patients and greater involvement in righting the wrongs of the NHS prescription charges.

But already half the turnover of many independent chemists comes from the Health Service, and some would argue that in running any business, such reliance on one customer is too great.

So if the proportion of Health Service turnover is not to go up—and we agree that the pharmacist must do his utmost to employ fully his professional talents in the public interest—there must be a comparable increase in counter trade. The same need arises if health centre consortium economics are not to force a reduction in the domiciliary pharmaceutical service.

Watching its members' share of many traditional markets decline, and mindful of the dangers of NHS dependence, the National Pharmaceutical Union is studying the pros and cons of a voluntary trading organisation. The success of such an operation depends very much upon recognition of the member outlets as part of the organisation, and Mr A. Trotman, chief executive of NPUM, has stressed the need to use a common symbol so that the public will associate the member with any promotional campaign or advertising undertaken by the VTO.

Yet at Blackpool, Mr W. A. Beanland, chairman of the Society's Ethical Committee, asked whether the use of a symbol on even a paper bag should be regarded as "advertising" and as such against the principle if not the letter of the Statement Upon Matters of Professional Conduct.

Forgive the general practice pharmacist who is confused. He is told he must be close to the doctor to advise him; he must be in the community to advise the public; he must seek to remain in business by commercial competition because no-one will pay the price to keep him in the community "professionally", yet he may be denied the means of competing commercially because of his professionalism.

Last week, *C&D's* columnist Xrayser yearned for a "specialist" Council candidate who would "devote his principal energies in a specific direction and make himself master of one particular facet of the work". Surely there is a worthy cause here. Too many cooks are adding ingredients to the general practice broth (to borrow Mr Medcalfe's metaphor), all coming up with answers to separate external pressures without the answers being properly inter-related.

The need is to approach the subject from the other direction, first deciding upon the pharmaceutical service required. If the pharmacist is to be in close contact with the community—and here we are in agreement with Mr Kerr—the means must be worked out for that to be an *economic* reality. And all policies, ethical, commercial, professional, educational, must then be tailored to achieving that end.

# LETTERS

## Effect on readers

Can no one at our Headquarters speak accurate English?

I refer to a report in a national newspaper dealing with the approach made to the doctors about their handwriting.

A spokesman for the Society is quoted as saying that some medicines "have quite similar names". A name is either similar or dissimilar, so the "quite" is superfluous. But what follows is worse. Speaking of the range of medicaments to hand today, he said "thirty years ago there were so many fewer things the pharmacists dispensed". "So many fewer things!"

What on earth does that mean? And what will be the effect of such a statement on the readership of a top class daily newspaper?

J. I. Marriott  
Hemel Hempstead, Herts

## VAT uniformity

With the commencement of valued added tax this is surely the time to produce uniformity in just one small, but not unimportant, aspect of our trade, namely, the use of abbreviations.

Abbreviations often cause confusion because they need to be both written and spoken in our communications between ourselves, and if they are chosen for their difference visually then they may be very similar and confused audibly, or vice versa.

Looking at the letters of the alphabet and phonetics, may we, please, strongly advocate the use of the following:—

"A" to denote the addition of 10 per cent VAT.

"E" to denote exemption.

"Z" to indicate zero tax.

If this idea appeals to anyone, please support by every means this contention.

E. A. Dyer

A. S. Price & Co (Wholesale) Ltd  
Rowley Regis, Warley, Worcs

## Rare praise

The tribute under this heading in your issue of March 25, must be literally unique. At least I can recall nothing like

it in over sixty years' readership of *C&D*.

But then I have to declare a connection dating from my first interview with the late Mr Thomas Kerfoot in 1925, when he was the most youthful 85 I have ever known.

No letter has given me more pleasure. Thank you, "Highly Satisfied" for writing it, and thank you, Mr Editor, for printing it.

T. H. Shields  
Stalybridge  
Cheshire

# SPORT

**Manchester Pharmaceutical Golfing Society:** Winner of the Kerfoot Trophy played at the Swinton Park Golf Club on March 19 was L. M. Wise. The runner-up was Dr J. Glass.

**Ulster Chemists' Golfing Association:** Winners of the annual wholesale v. retail match sponsored by Dobbin & Stewart Ltd on April 19 at the Larne Golf Club, Islandmagee, were the wholesale team. Best individual scores: Wholesalers—D. Coffey (34 points), H. Mehaffey (28) and C. Hall (26); Retailers—D. Ross (34), H. Hamilton (30) and J. Kennedy (25).



# PROFESSIONAL NEWS

Pharmaceutical Society  
North-west Region

## Health centre consortia: an 'expensive insurance'

Setting up a consortium pharmacy in a health centre is one of the most expensive "insurance policies" anyone could contemplate, it was claimed last weekend.

Mr A. Medcalfe, secretary to Lancashire Pharmaceutical Committee and vice-chairman of the National Pharmaceutical Union, expressed that view at the Blackpool conference of the Pharmaceutical Society's North-west Region, and put the minimum annual cost at £6,000. There would be no extra prescriptions, he pointed out, and if any of the existing pharmacies closed, there might be a reduction in counter trade too.

Mr Medcalfe's estimate was based on the assumption of £1,000 for rent and rates, £3,000 for a pharmacist (including holiday, pension, costs, etc) and £2,000 for overheads, including ancillary staff. He said that the county council had suggested rentals that were not excessive (a figure of £1.25 to £1.50 per square foot per annum was mentioned later).

Local authorities, county councils and NHS Executive Councils should be merged into one body for the purposes of health centre establishments, so that firm answers can be given on questions related to planning of the pharmaceutical service, said Mr Medcalfe.

### Too many cooks

Besides these bodies, local medical and pharmaceutical committees, the Department of Health, the Society, the NPU and the Central Contractors Committee were involved. "With so many cooks, how can we hope to get a good broth?" Mr Medcalfe asked. He based his views on wide experience of health centre development in Lancashire, quoting many examples and emphasised that there was no general pattern—everything was "one off". Pharmacists' main fear was of leapfrogging, and the speaker felt that health centres would cause little trouble if that could be controlled.

There was still no lead from either of the headquarters on positive action, and while health centres were small there had been no spontaneous demand from local pharmacists. But a year ago, all 13 doctors in a town had moved into one centre—and one of the town's pharmacies had obtained premises adjacent to the site. The county council regretted there was no space for a pharmacy in the centre, but in this case the pharmacist with the site had taken two others into a private consortium.

Mr Medcalfe said he had sensed a changed attitude among pharmacists and had asked the Executive Council for information about new centres, giving the local pharmacists an opportunity to form a consortium if required. In all cases where a pharmacy was to be in the centre, it was sited at the entrance so that patients

passed it on the way out; one had an external entrance also.

The Pharmaceutical Society had suggested that numbers of prescriptions dispensed by participating pharmacists for the doctors concerned might be a basis for the consortium shareholding. But Mr Medcalfe believed these should be reviewed after two years, the actual loss incurred by each being estimated. In one case, it had been found that a centre for six doctors was in fact only a branch surgery for two groups of three doctors, and a pharmacy here would not be viable unless another closed.

Turning to the "star case" in the county, Mr Medcalfe described a town with three pharmacies. The proposal was that one elderly pharmacist should give up his business, while the other two amalgamated completely, closing the pharmacy nearest to the centre and seeking accommodation within it. The centre would include a school clinic and baby clinic, which should generate counter sales. This was a means of moving away from the "insurance premium" situation and it said a lot for the pharmacists concerned that they could spontaneously agree to such a course of action.

Citing more cases, Mr Medcalfe said that where 13 doctors were moving into one centre, two pharmacies were "sat on a gold mine" and would not consider a consortium; the others had decided against.

In a town "ripe for a third pharmacy", there were sites available but the existing two were private and multiple and could not amalgamate—they could not decide whether to put money into premises near to the centre.

In an area with five pharmacies, two would be obliterated if doctors moved. It had been thought the two pharmacists could act as staff for the consortium and have a share in it, but one other asked if there would be a job for him if his pharmacy failed at a later stage.

Mr Medcalfe said that only pharmacies entitled to a significant shareholding—say 10 per cent—should be considered for a consortium; those with lower holdings were probably dealing only with domiciliary prescriptions.

Clues to the Department's attitude came from a recent letter to the Executive Council in which it was said that the Council, in consultation with the Pharmaceutical Committee should take into account the possible effect on existing facilities provided by local pharmacies. "The council will want to know if any closures of existing pharmacies are proposed", the letter stated, adding that the services provided by pharmacists in residential areas some distance from the centre needed to be particularly borne in mind.

"The Department should have thought of this first before putting the problem upon us", exclaimed Mr Medcalfe, "and they should have had some answers, such as a subsidy for the domiciliary services because they're going to disappear in many cases within ten years."

Viability aspects that the council was required to consider were:

- ☐ Rent and rates, cost of fittings (in all cases pharmacists had decided to take responsibility here), numbers of patients and prescriptions
- ☐ Size of the pharmacy (700-1,000 sq ft was being considered) and layout to avoid future difficulties
- ☐ Realistic estimates of charges for which the consortium would be liable, with provision for increasing costs
- ☐ Assurance that the consortium would remain for at least five years unless there was a change of circumstances (such as doctors moving out)
- ☐ Provision for review of arrangements on renewal. "This would need to cover the effects on the provision of pharmaceutical services in the area generally."

Mr Medcalfe concluded by reference to the lack of any determination, in respect

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Part of the audience at the NW Region Conference





## North-west Region conference

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of a project, on the question of private pharmaceutical services. The need would have to be considered in each case on the basis of local circumstances, it had been ruled.

During the discussion, Mr W. A. Beanland hoped that there would be a changed attitude to dispensing in health centres, with the employment of at least two pharmacists, plus technicians according to the volume. Mr C. V. Hammond suggested that there should be a national pharmaceutical organisation to deal with health centre problems. He regretted that under the present arrangements, money from health centres would go only to those already established, not giving the younger man "a look in", and that the public companies were getting a further hold on "pure" rather than "para"-pharmacy.

## Agreement soon on limitation?

Prospects of an agreement on the Pharmaceutical Society's proposals for limitation of the NHS contract in health centre areas were brought to the conference by Mr J. P. Kerr, vice-president of the Society.

He said that the company chemists' objections might be resolved providing that some clauses could be put in to safeguard the opening of very large multiple pharmacies in new development areas—areas of large rentage where as a rule the average private pharmacist was not interested in opening. This was under discussion between the interested parties at the moment.

Meanwhile, the Society believed that the health centre consortium was the answer to the leapfrogger. But with limitation of the contract, the whole picture would change—no one would want to take on the extra overheads if they could be maintained in the community. Purists might argue for all pharmacies to be in health centres, said Mr Kerr, but that would be right only if all the pharmacists did for the community was to dispense prescriptions.

Referring to the effects of Common Market entry, the speaker recalled that an EEC official had said that pharmacists' monopoly of the sale of medicinal substances was a "must".

New thinking was required, said Mr Kerr, and the profession must move into new situations without carrying over the old prejudices. As an example he quoted a proposal by the Society—rejected by Pharmaceutical Committees—that a work study should be set up into the possibility of organising prescription payments so that no more than the equivalent of a "season ticket" would be paid during any period. Objections were to the extra time it would take the pharmacist—as with the distribution of maoi cards—



Mr C. C. B. Stevens

forgetting that this would result in more remuneration for professional work.

There was a possibility that the Society would issue a card warning that a patient on Marevan should not purchase any medicine without consulting a pharmacist—the card issued by the hospital said "do not take aspirin", but people did not know what contained aspirin.

There were those who would object to being "dragged out onto the counter", but if pharmacists were not that interested there was no justification for keeping an elite of highly educated people in the community if they were not going to perform the very functions for which that education fitted them.

In answer to a demand from the floor for action, not platitudes and sympathy, Mr Kerr said the Society's health centre document had been submitted 12 months ago and the Department was "prodded every month". But the Government wanted the profession to be united before any action was taken as they would not have controversial legislation on a matter such as this going through the House.

## Pharmacists — and unions

The Society's application for registration under the Industrial Relations Act special register was described as "protective action" by Mr C. C. B. Stevens, chairman of the Council's Law Committee.

He said that the Act forbade interference with trade or employer-employee relations except by a registered organisation or union. Could the Society's telling members not to dispense prescriptions, which might be subject to a contract, be construed as interfering with trade? The Society could deal with ethical matters, but until the border had been defined in law, this was "an uncharted sea".

The Act would affect every pharmacist, said Mr Stevens. Even pharmacists under NHS contract were considering "workers"

rather than "employers" and the hospital service was not counted as Crown employment for the purposes of the Act. Existing closed shops were made void—that could affect the compulsory union membership of Co-operative pharmacists—but the agency shop could enforce union membership on all but objectors on grounds of conscience, who would pay equivalent dues to a charity.

It was possible that one of the unions might apply to represent, say, Boots' workers, and employee pharmacists might find themselves forced into a union with which they had no sympathy. If the Society became registered, however, the individual would be safeguarded as he would be a member of a registered body. However, it was open to interpretation whether payment of the Society's fees would constitute a payment to a body registered under the Act, and the Society's legal adviser felt that it might still be necessary to make a payment to a charity or a union—though Mr Stevens disagreed.

There was a suggestion that the Society wanted to negotiate, but that was far from the truth at the present time. The Society had been advised to set up a trade union, and Council would be debating it next month. But Mr Stevens did not believe that pharmacy wanted a trade union as such. How could they negotiate between employer and employee? Anyway, it would be expensive—an estimate had been given of £20,000 in the first year—hospital pharmacists had the Guild, and nearly all those in industry were in management.

Mr Stevens concluded: "I believe there is a threat in the Industrial Relations Act, but there is no cause for panic action. But, if an emergency meeting is called because something develops, for goodness sake show an interest because it could be your future that is at stake".

## Falling standard of conduct

There appears to be an increasing number of pharmacists and companies who are stepping outside the standards of conduct accepted within the profession for the purpose of improving the financial position of their businesses. Mr W. A. Beanland, chairman of the Ethical Committee told the conference.

Mr Beanland said this applied particularly to the self-service of medicines. Modernisation of pharmacies was desirable but anything that tended to reduce the professional status of pharmacy was to be deprecated. In the departmental type of pharmacy it should be apparent to the public that the pharmacy is a separate and different department, and notices or titles which suggest that medicines are included in any self-service facilities should not be used. Moreover, the environment in which the pharmacy department is situated should be in keeping with the character of pharmacy.

"Self-service weakens the pharmacist's position as the guardian of the public in-

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## North-west Region conference

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terest in the safety and efficacy of medicines. The duty imposed upon pharmacists is onerous, but it is a duty which we must accept willingly to make it clear that the public does benefit when medicines are bought in a pharmacy. It is of paramount importance that the highest level of supervision should exist, and be seen by the public to exist.

"I accept that the pharmacist feels at a disadvantage when he sees non-chemist and some multiple chemist outlets displaying medicines on open shelves and gondolas. But the answer is not to abandon professional responsibility", said Mr Beanland.

There were indications that the general sale list would be long, but the Medicines Commission would never be convinced of the pharmacists' case if no control was offered—if people could put medicines into a basket and take them to a cashier.

Dealing with the appearance of premises, Mr Beanland complained of the "irresponsible" choice of trading names—"The Chemists", "Alpha-Beta (Chemists) Ltd", "The Blanktown Pharmacy". Even more offensive were the names allegedly contractions of descriptive terms such as supermarket chemists, hypermarket chemists, discount chemists, medical chemists.

On the subject of advertising, he said that while it was regrettably true that the general practice pharmacist had to go into trade in order to survive, there were those who were out-and-out traders and used their qualifications merely to extend and increase their trading activities. "Still a minority, it is a matter of concern that there number increases steadily".

And in dealing with controls on advertising, Mr Beanland asked pharmacists to consider the paper bags used in their pharmacy. "Many of those I have seen include wording which should be regarded as objectionable—chemist, dispensing chemist, Your chemist, Service and Quality, and details of hours of business. Additionally, the use of symbols—carboy, dispensing measure, mortar and pestle, bottle, etc, while others have the name of the chemist or company in letters, the size of which is restricted only by the size of the bag. Is this really the sort of professional image you wish to project?"

Mr Beanland concluded by reminding pharmacists that the Statement upon Matters of Professional Conduct was compiled as the result of demands from the membership. Each paragraph, addition amendment or removal had been made only with the approval of the membership.

Those who could not resist commercial pressures and who had no wish to comply with rules, should press for their cancellation "If there are a sufficient number of such pharmacists, the request must be granted. And our honourable profession will degenerate into an anarchistic rabble".

In the final analysis, the reputation and status of a profession depended solely upon the individual members, not upon the parent body. "As you act and are seen to act, so shall you be judged".

# Importance of formulation in trials stressed to industry's medical advisers

A great deal of care is required in the formulation of clinical trial material "to even approach a proper comparison" of a new product with a known "standard" drug.

So said Mr A. P. Launchbury, pharmaceutical adviser to Pharmitalia (UK) Ltd, at last week's international meeting of medical advisers, held in London (*C&D*, April 22, p555).

Mr Launchbury suspected that all too often drugs were simply powdered with a pestle and mortar, suspended in a standard acacia mucilage and administered in "an almost blind faith", that that was adequate for the purposes of evaluation of the drug under test.

Might not the way drugs are prepared for such studies, he asked, either lead to the unwarrantable rejection of drugs which might be useful, or more seriously, the acceptance of drugs whose toxicity only appeared to be acceptable because of poor biological availability in the form used in the study?

Few workers had so far drawn attention to the need to harmonise as far as possible the availability characteristics of the new and reference preparations.

Consideration should be extended further to see whether the so-called standard preparation which was used as the basis of comparison had the same bioavailability characteristics as the marketed product containing that drug.

"We often hear of 'generic inequivalence' of marketed drugs but how often do we consider that inequivalence may exist among clinical trial preparations?"

This problem might be particularly acute, suggested Mr Launchbury, in double-blind studies where the standard drug must be presented in an anonymous form to match that of the drug under test.

By suitably modifying the bioavailability characteristics of the preparation containing a "standard" drug almost any results could be obtained from trials.

By depressing the availability of the "standard" the new drug preparation would be favoured; if the commercial product of the "standard" did not possess good availability characteristics then by improving them the incidence, and perhaps severity, of side effects could be increased and an appearance of enhanced tolerance could be given to the new preparation.

Mr Launchbury's main theme was the role of the pharmacist in clinical evaluation which, he said, was in the conversion of drugs into medicines (in which forms their activities might be optimised for particular applications). He saw the pharmacist as a "link man" in the team.

A previous speaker, Dr B. W. Cromie, Hoechst Pharmaceuticals, saw the role of the medical adviser in the pharmaceutical industry similarly forming an essential link between research workers and clinicians.

No matter how eminent the clinician

involved in the trial it was the medical adviser who tended to anticipate the snags, such as a too-complicated dose regimen, patients forgetting to take their medicines and insufficient participants in a trial.

Some companies were reluctant to make payment for trials. But it must be remembered that people were doing work for which they should be remunerated.

## 'Persuasion' of prescribers

Differing views on sales promotion by the industry were put forward by three speakers. Mr G. Teeling-Smith, director of the Office of Health Economics, said that most people now recognised that prescribers were not paragons of scientific wisdom and that they must be attractively informed about innovations and effectively persuaded to adopt them. Dr E. H. L. Harries, Duphar Laboratories, and Mr S. Seltzer, Intercon International Marketing Ltd, also put their views on promotion.

There was a problem, said Mr Teeling-Smith, arising with the balance of judgment between the experts employed by the pharmaceutical manufacturer and independent pharmacologists, as to what legitimately could be claimed for a particular medicine. Medical advisers and other scientists within companies sometimes had been tempted to renounce any interest in the commercial success of their company's products. They sometimes saw themselves rather as guardians of the company's conscience than in the role of clinical and pharmacological experts in which they were in fact employed.

Independent assessors may not, of course, invariably endorse reasonable claims made by a company for its products. Mr Teeling-Smith suggested that some contributors to publications such as the *Drug and Therapeutics Bulletin* might see it as their function deliberately to instil doubts on the merits of newer or more expensive medicines.

There were plenty of historical examples in which a company had been proved right in its claim and the outside experts proved wrong, just as there were examples of the reverse. Initially there was violent criticism, for instance of the promotion of the tetracyclines for chronic bronchitis. Some years later they were stated by the same authorities to be "undoubtedly valuable".

In cases where civil servants felt that too much enthusiasm had been engendered for a particular preparation, they would

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conference of medical advisers to the pharmaceutical industry

## Restraint on promotional activity predicted

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se strong "counter promotion" measures to discourage its use. Government machinery was presently being used against two or three products which the Government felt were being over prescribed.

In contrast to the control over prescribing there were other aspects of medical care where quite remarkable excesses appeared to occur.

Mr Teeling-Smith illustrated his point by giving examples which he reiterated in a letter to *The Times* on Monday.

He said that in hospitals the unnecessary occupation of beds was widespread and that waiting list statistics were confusing. In one sanatorium 20 per cent of all TB cases remained for longer than a year, although with modern chemotherapy. Medical Research Council trial had shown no benefit from hospital admission.

For hernias, average lengths of stay in hospital varied from four days to about three weeks in different parts of the country.

A reduction in unnecessary hospital expenditure could release huge quantities of resources to improve the quality of care under the National Health Service as a whole.

Emphasising that he was expressing a personal opinion Dr Harries, Duphar Laboratories, predicted a definite Government restraint on promotional investment. He saw a cut in "direct mailing" and journal advertising and major changes in marketing practices within the next five to 15 years. One or two companies appeared to be aware of this already, he said.

### Fewer, better, representatives

Medical representatives were able to see doctors less easily now and their numbers should, and in time would, diminish. Moreover their calibre as "experts" and salesmen would have to increase.

Good drugs would not sell themselves and therefore promotion had to be undertaken, but Dr Harries said that he did not like some of the advertising seen today. He could foresee no appreciable effect of more restrained advertising on the size of the whole market or on individual shares of any particular market, except for those companies with poor products which were brilliantly exploited.

Describing "creativity" in promotion Mr S. Seltzer, managing director Intercon International Ltd, said that his company produced medical communications in nine markets on behalf of 70 major pharmaceutical companies.

Too often the industry's representatives were "sample droppers", its literature deservedly ended up in the receptionist's waste bins and its advertisements were passed over unseen.

"Creativity is the icing on the cake," he said. "The ingredients of the cake are sound clinical work mixed with the market needs but it is the icing which will tempt the doctor."

The price of liberty has not changed said Professor E. F. Scowen. "It still demands continual diligence; every restriction must invade personal liberty," he remarked.

The professor was speaking about administrative bodies and medicines legislation to the meeting.

Describing the gradual evolution of British medicines legislation he pointed to the development of pharmacopoeias with the object of establishing quality control procedures. Although they had been accepted by the courts, there strangely had never been any statutory power, until

recently, or satisfactory arrangements for the enforcement of controls.

Because of the mode of formation of the Committee on Safety of Drugs, and through co-operation from the industry, that body had had remarkable freedom of action, but because of recalcitrants in industry and elsewhere legislation had eventually become inevitable.

During the enactment of the new medicines' legislation the relevant bodies were doing their best to avoid unnecessary red tape. That assurance was given by Lord Rosenheim, chairman of the Medicines Commission, at the meeting's banquet.

### Problems appreciated

Lord Rosenheim said it was not easy to follow in the footsteps of Sir Derrick Dunlop or to translate a new law into action. He appreciated the problems that faced the pharmaceutical industry.

With the continuing introduction of new drugs there was a shortage of clinical pharmacologists to perform various functions. "We do need many more posts in the academic world to fulfil this need," he said.

## Animal study uncertainties

In the evaluation of the safety of drugs perhaps the area of most uncertainty is the relevance of data obtained in animal studies to a drug's effect in man, said Dr R. Hill, of Syntex Research, California.

A vital parameter in toxicological studies which could affect results was the selection of doses to be used. Little thought had been given to questioning the classical approach of scaling up doses for animal tests he suggested.

Criticising the methods of selection of animal species for toxicology studies Dr R. E. Lister said the choice was often made because workers were familiar with a particular species. The rat and dog were frequently used, for instance, but their differences in metabolism and nutrition, when compared with humans, often negated advantages of familiarity.

Further study of non-domestic species might reveal more pathological disease models in animals for investigating human disease.

Professor C. T. Dollery, Royal Postgraduate Medical School, London, replying to a question about measuring plasma levels in animal toxicology tests, said that much of the variation between species went away if drug concentrations rather than dosage were examined.

### Gut flora differences

Mr F. M. Sullivan, Guy's Hospital Medical School, said that in rat studies gut flora were an important factor. The rat had a stomach full of bacteria, which was not found in man. Metabolism in the rat changed during studies with changing gut flora. He advocated repeated metabolism checks during tests.

Mr Sullivan delivered a paper on terato-

genesis. He said that there was an assumption that malformations were brought about by a qualitative rather than quantitative effect of a drug. The wrong compounds could be rejected for that reason.

The emotional stage of considering teratology had to be by-passed or major difficulties would arise.

Major structural abnormalities occurred in the embryogenesis part of pregnancy but functional abnormalities, such as in brain development, could occur during the later foetogenesis stage. Peek brain growth in dogs and rats occurred after birth but in man occurred during the seventh month of pregnancy. Normally foetuses were examined at term; however some effects did not manifest themselves until after birth.

### Importance of mechanism

Administration of drugs should be throughout pregnancy in tests, he asserted, and offspring should be examined at different stages. Experiments should be designed not just to detect teratogenicity but to investigate the mechanism by which it occurs.

Another speaker, Dr M. A. Neaverson from Australia, advocated human teratogenicity tests on women who planned to have an abortion. He spoke of the value of results from such tests and said that if governments had, or assumed the right to delay the therapeutic use of a newly developed drug until it proved safe, legislation for the purpose had not only to set out standards of safety and efficacy, but also the approved methods by which attainment of those could be determined with assurance and without hazard.



## PHARMACEUTICAL SOCIETY OF IRELAND

# Pharmacists must maintain highest standards

The need for pharmacists to maintain the highest professional standards, despite increased pressures arising from the introduction of the new Health Services scheme, was stressed at the April meeting of the Council of the Pharmaceutical Society of Ireland.

The matter arose following a report from the Society's inspector on visits to newly-opened pharmacies in suburban shopping centres and in the Dublin city area.

In one instance a pharmacist was practising in unsatisfactory temporary accommodation while a proper unit was being constructed for him in another part of an arcade.

In a second case the pharmacy was so designed that sales staff were constantly passing through the dispensing area to get supplies from a basement store, with the danger of distracting those engaged in compounding or dispensing prescriptions.

The Registrar, Mr J. G. Colman, was instructed to write to the pharmacists concerned pointing out that pharmacies must conform to accepted standards.

A similar letter was directed to be sent to a pharmacist who had issued leaflets to the public advertising what were described as "free" services to the public under the new Health Services.

Mr W. Butler, chairman, practice of pharmacy committee, said they would have to examine these problems in detail. He shared the fears expressed recently by Mr Burrell in regard to the necessity of a proper coding system of prescriptions under the new Health Services scheme.

He said that it was obvious that pharmacists could leave themselves open to blame if they happened to dispense a prescription without any means of identifying the contents, and some child or person, for whom the prescription had not been dispensed, accidentally took the preparation a month or two later.

## Prescription records

Under the scheme there was no obligation to keep a record of the prescription and he thought it would be a reflection on the profession if, in an emergency, they were unable to trace the ingredients set out on a prescription. He believed some guidance on this matter should be given by the Council to pharmacists.

Suggestions had been made that the generic name should be put on the label but he would prefer to have the department's code number inserted. He suggested that they request the department to compile a new list under which all code numbers would be put in consecutive order so that pharmacists could easily identify what a number indicated. He thought it would be a bit optimistic to leave it to the doctors to keep records of prescriptions as in England it had been estimated that only about 20 per cent of them kept

such records.

The president, Mr R. J. Power, said the serious aspect was that many pharmacists were under the impression they were exempted by the Minister from the necessity of keeping records. As he read it, the Minister had not done so. He had exempted pharmacists from the necessity of keeping prescriptions—not from the obligation of keeping records.

The president added that he was retaining the duplicate prescription.

The Registrar said that the obligation to keep records applied only to prescriptions containing a Part One poison or a Dangerous Drug.

The president stressed that pharmacists could be made to appear irresponsible if they did not keep a proper record and something happened to go wrong. Pharmacists should adopt a responsible attitude by keeping records; they were not absolved from that responsibility under the new scheme. He hoped the Practice of Pharmacy would draft a recommendation and refer it to the negotiating committee.

## Preparations

Mr M. F. Walsh supported Mr Butler and pointed out that they were concerned at the fact there would be six million additional prescriptions issued annually when the Health scheme became fully operative. The whole reputation of the profession was at stake. If a mix-up occurred, they should be able to identify any preparation.

Mr Walsh reported on the first meeting of a sub-committee set up to examine the difficulties posed for Irish pharmacy by EEC membership and to make recommendations concerning medicines legislation.

The President stressed that the question of medicines legislation should be given priority.

The Council nominated the President, Mr Power, for a second term as its representative on the National Health Council, with effect until March 31, 1974.

A letter from the Department of Health stated that the Working Party on Drug Abuse has recognised that there should be a constant and continuing liaison between relevant Government departments for the exchange of information to ensure that drug abuse was being dealt with effectively.

While there had been liaison between his department and other Government departments and bodies in relation to drug abuse, the arrangement had not been entirely satisfactory and the Minister considered that the matter should be put on

a regular and more formal basis by the establishment of a group comprising representatives of Government departments and bodies concerned with this problem. It was not envisaged that frequent meetings of the Group would be necessary.

The Minister was anxious that the Pharmaceutical Society of Ireland should be represented on the proposed Group and he would appreciate it if the Society would nominate a representative.

On the motion of Mr Butler, seconded by Mr Miller, the President was appointed to the Group.

Another letter was received from the same department referring to the recent announcement by the Minister for Local Government that Local Elections, due to be held in the current year, were being postponed until 1973. The letter stated that having considered the implications of this announcement the Minister had decided that the elections to Health Boards of members by professions should proceed as already arranged.

In coming to this decision the Minister had had regard to the representations which had been made to him that it would be better to have the tenure of office of all members of Health Boards coterminous, the letter continued. He did not consider, however, that there was any major obstacle to members of Health Boards elected by the professions completing their terms of office at dates different to local authority members of the Boards. Such arrangements were not unusual on Boards and indeed they helped to ensure a degree of continuity in the conducting of affairs of the Board.

Furthermore, the first appointment of members of professions by the Minister to the Health Boards was a provisional arrangement pending the holding of elections among the members of the professions and the Minister did not consider that these elections should now be further delayed.

## Term of office

The Health Boards (Election of Members) Regulations, 1972, specified that the term in office of persons elected under the Regulations would be five years. If the term of office of members of professions were to be linked to the periodicity of the local elections the term of office could sometimes extend beyond the five years. As an example, the local elections due to be held in 1965 were not held until 1967. Arrangements were now well under way for the compilation of electoral rolls for each profession and if it were decided to postpone the elections until a further date these rolls would be null and void.

Mrs Pauline M. Kavanagh, Hon Secretary, Association of Qualified Assistants to Pharmaceutical Chemists (Cork) wrote stating that a deputation from the Association would be pleased to meet officers and local Council members to discuss:

(1) the classification of the role of regis-

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# Irish Council will meet assistants' deputation

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tered Pharmaceutical Assistants in Pharmacy; (2) arranging for closer communication between the Society and Assistants—eg, representation on the Council; membership of the new Pharmaceutical Union; (3) to discuss the possibility of using a recognised form of lettering after Assistants' names—APSI; and (4) to discuss post-qualification courses for Pharmaceutical Assistants.

Mr Miller said some assistants were inclined to develop a role for themselves out of proportion to their status. They were adopting the attitude that they were almost as competent as qualified pharmacists. That was a dangerous situation which should not be allowed to develop. It could not be conceded that assistants could act as journeymen pharmacists and this should be spelled out to them.

On the motion of Mr Corrigan it was agreed to meet a deputation at the Society's headquarters and to make it clear what the Council considered the role of the assistant to be.

## Assistants' future

Mr Butler said that as chairman of the Practice of Pharmacy Committee he would be pleased to arrange a series of meetings to make recommendations concerning the role of the assistant in future.

Mr J. P. O'Donnell agreed that assistants had over-stepped their status in some cases. They had been employed in dispensaries, taking the part of pharmaceutical chemists, and their status must be defined precisely. They should be told they could not act except in the temporary absence of the pharmacist.

The president said they would explain the 1890 Act to the deputation and make it clear that there could be no suggestion of a pharmaceutical assistant keeping open shop. The responsibility of the pharmacist was paramount.

The meeting was told that the venue for the fourth International Health Conference and Exhibition, entitled "Health and Social Services", due to be held in Dublin from September 4-8 next, had been transferred to Douglas, Isle of Man.

Arising out of the Law Committee, it was agreed to write to the Department of Health recommending, in view of three recent deaths from the drinking of Paraquat in containers other than original packs, that both Paraquat and Diquat should be classified as Part One poisons and their sale restricted to pharmaceutical chemists and registered druggists who are competent to advise on the use of these preparations.

Mr Eric Burrell reported that he hoped to have a circular ready within the next 10 days appealing to pharmacists for funds to enable a survey of pharmacy to be carried out by an economic expert. The appeal would be circulated to all pharmacists in the Eastern Health Region, as well as to each of the Regional Boards,

with the kind co-operation of a wholesale firm.

The Registrar announced that he had just received word from the Department of Health that the Minister for Health had signed the General Regulations of the Pharmaceutical Society submitted to him last year. These would replace all existing Regulations dealing with education and general activities.

The following changes of address were noted: Mrs Maeve Cullen, LPSI, to "Melle-View", Deanscurragh, Longford; Mrs Agnes C. Scallan, MPSI to 85 Leopardstown Avenue, Foxrock, Co Dublin; Miss Mary O'Donnell, LPSI to 5 Cannon Court, Navan, Co Meath; Mr William V. Lyon Bowie, MPSI to Thatch Cottage, Monkton Street, Monkton, Near Ramsgate, Kent; Mr Hyman L. Brower, LPSI, to P.O. Box 35245, Northcliff, TVL., Republic of South Africa. Mr Bernard M. Laverty, MPSI to Cartron Hill, Sligo; Mr William J. Magee, MPSI, to 300 Roselawn Estate, Castleknock Road, Co Dublin; Mr John B. Mansfield, MPSI to C/o T. R. Lester Ltd, 106 and 107 Patrick Street, Cork; Miss Bridget T. O'Gorman, Asst, to 13 Camborne Avenue, Ealing, London W14 9QY and Mrs Judith Smyth, Asst, to 151 Lower Kilmacud Road, Stillorgan, Co Dublin.

Mr Jeremiah J. Barnett, Asst, was restored to the Register;

Elected to Membership were: Mary P. Drury, Anne Garahy, Margaret M. McCarthy, Jane Warren, William Creaven, Edward Crowley, Austin Hallahan, Brendan McMahon;

Nominated for Membership: Miss Mary C. Costello, LPSI, 199 Upper Rathmines Road, Dublin 6; Mrs Agnes Farrell, LPSI, Mountbellew, Co Galway; Miss Elizabeth Lavin, LPSI, 26A Merton Drive, Dublin 6; Miss Mary O'Donnell, LPSI, 5 Cannon Court, Navan, Co Meath; Miss Claire Ryan, LPSI, 15 Northumberland Road, Dublin 4; Mr Richard F. Shaw, LPSI, 38 New Ireland Road, Dublin 8;

Mrs Agnes V. Murray (nee Moran), Asst and Mrs Nora M. C. Slye (nee O'Keeffe), Asst submitted marriage certificates and were granted change of names.

## NEW PHARMACIES

Mr Sean Moran, a former medical representative for Roche Products, at 1A Church Street, Malahide, Co Dublin; Mr Des O'Neill, a former manager of Hamilton, Long and Co Ltd, Rathfarnham Road, Terenure, Dublin, and of Super Farm Ltd, Dundrum, Co Dublin, at Super-Quinn Shopping Centre, Walkinstown, Co Dublin; Mr Henry T. Clarke, LPSI, and Mr Eugene Edward Flaherty, LPSI, have formed a partnership to open a pharmacy, the Fingal Pharmacy, at Super-Quinn Shopping Centre, Finglas, Co Dublin; Messrs Hillery and Maxwell (Pharmacists) Ltd, at No 3 Shannon Town Centre, Shannon Airport, Co Clare.

# MARKET NEWS

## Menthol on a see-saw

London, April 26: Chinese menthol fell by £0.30 kg for forward delivery and by £0.10 on the spot during the week. But as those prices came down so Brazilian went up by a modest £0.05 in both positions.

Elsewhere in crude drugs easier were balsam Peru, lycopodium, dandelion root and senega. Mexican jalap tubers were offered at £2 kg on spot and colocynth pulp at £675 metric ton. Spices were mostly quiet and unchanged although white and black pepper were down at origin.

Citronella and eucalyptus oils were fractionally dearer while Madagascar clove leaf was lower.

In pharmaceutical chemicals a number of sulphonamide derivatives show a fall on previously published prices.

## Pharmaceutical chemicals

**Adrenaline:** (Per g) Synthetic 1-kg lots, £0.059 500 g (£0.067); acid tartrate, 1 kg (£0.44); 500 g (£0.05).

**Alolin:** 50-kg lots £9 kg.

**Aminacrine hydrochloride:** £33.50 kg.

**Ammonium bicarbonate:** £55 metric ton delivered; carbonate lump and powder £88.20.

**Aspirin:** 10-metric ton lots £525 ton; 5-ton £530; 1-ton £540.

**Bemegride:** BPC £16 kg.

**Benzamine lactate:** 500-kg lots, £51.15 kg.

**Benzocaine:** 50-kg lots £1.48 kg.

**Bismuth salts:** £ per kg.

	12½-kg	50-kg	250-kg
carbonate	4.68	4.50	4.45
salicylate	4.00	3.50	—
subgallate	4.30	4.10	—
subnitrate	4.25	4.05	4.00

**Chlorophenesin:** 50-kg lots £3.62½ kg.

**Dienoestrol:** 50-kilo lots £0.07 per g.

**Digoxin:** Up to 25-g lots £2.60 per g.

**Emetine:** hydrochloride £375 kg;—bismuth iodide £212.50.

**Ephedrine:** (25-kg per kg) alkaloid £11.64; hyrdochloride £9.25; sulphate £9.50.

**Fenticlor:** 50-kg lots £1.73 kg.

**Ferrous fumarate:** £0.50 kg for 50-kg lots.

**Glucose:** (Per metric ton in 10-ton lots), monohydrate powder £83.70; anhydrous £156; liquid 43° Baumé £69 (5-drum lots).

**Glycerin:** BP spot lots, per metric ton: 5,000-kg £211.60; 1,000-kg £214.55; 250-kg £220.45; under 250-kg £250.

**Magnesium carbonate:** Heavy £192, light £184 per metric ton.

**Magnesium oxide:** BP (per metric ton); light £560; heavy £890.

**Magnesium hydroxide:** BPC £560 metric ton.

**Magnesium oxide:** BP (per metric ton); light £560; heavy £890.

**Magnesium peroxide:** £15 per cent) £21.93½ cwt.

**Magnesium sulphate:** BP from £42 metric ton exsiccated £75-£80 ton, ex works.

**Magnesium trisilicate:** £470 metric ton.

**Mercurochrome:** £7.95 per kg.

**Mercury salts:** Per kg in 50-kg lots; ammoniated powder £3.95; oxides—yellow £4.65 and red £4.85; perchloride £3.35; subchloride £4.20; iodide £4.85 (25-kg lots).

**Succinylsulphathiazole:** 50-kg lots £2.40 kg.

**Sulphacetamide:** Sodium BP £2.98 kg.

**Sulphadiazine:** 50-kg lots £2.79 kg.

**Sulphadimidine:** 250-kg lots £2.95 kg; sodium £3.05.

**Sulphaguanidine:** BPC in 250-kg lots £2.13 kg.

**Sulphamerazine:** In 50-kg lots £3.12½ per kg.

**Sulphamethizole:** BP 50-kg £3.65 per kg.

**Sulphanilamide:** 50-kg lots £1.40 kg.

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**Sulphaquinoxaline:** Sodium, B Vet C in 50-kg lots, £4.38.  
**Sulphathiazole:** 50-kg £1.83 kg.

### Crude drugs

**Balsams:** (lb) **Canada:** £1.82 spot; shipment £1.80 cif. **Copaiba:** BPC £0.50; Para £0.40. **Peru:** £1.15, £1.10 cif. **Tula:** BP £0.70.  
**Benzoin:** BPC, £2.53 kg, cif.  
**Cherry bark:** Nominal.  
**Colocynih pulp:** Spot £675 metric ton.  
**Dandelion:** Root £430 metric ton spot; £400, cif.  
**Jalap:** Mexican tubers £2 kg spot; £1.95, cif.  
**Lycopodium:** Indian £2.05 lb spot; £1.75, cif.  
**Menthol:** (kg) Chinese spot £5.80 shipment £5.50 cif. Brazilian spot £4.10; April-May £3.95, cif.  
**Mercury:** Spot £212 per flask (76 lb).  
**Pepper:** (ton) Sarawak black £360 spot; £315, cif; White £470; £450 cif.  
**Seeds:** (ton) **Anise:** China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £390. **Celery:** Indian £340; shipment £280, cif. **Corlander:** Moroccan £77, cif. **Cumin:** Indian £300, cif. **Dill:** Indian £23, cif. **Fennel:** Chinese £130 (metric ton), cif; Indian nominal. **Fenugreek:** Moroccan for shipment £67, cif. **Mustard:** £60-£120.  
**Senega:** Canadian £1.60 lb spot; £1.65, cif.

### Essential and expressed oils

**Almond:** Drum lots £0.60 kg.  
**Amber:** Rectified spot £0.33 kg.  
**Anise:** Chinese £1.40 kg spot; £1.30 cif.  
**Bay:** £5.95 spot, shipment £5.85, cif.  
**Bergamot:** £9.35-£11.55 kg as to grade.  
**Birch tar:** Rectified £2.35 kg.  
**Bois de rose:** £2.10 spot; £1.90, cif.  
**Buchu:** English distilled, £255 kg.  
**Cade:** Spanish £0.42 kg.  
**Cajuput:** £1.20 kg on spot.  
**Camphor white:** Spot £0.36; £0.30 kg cif.  
**Cananga:** Java £5 kg, cif.  
**Caraway:** Dutch £6.50 kg; English £18 kg.  
**Cardamom:** English distilled £45 kg; Indian £46.50.

**Cassia:** Chinese 90 per cent, 85 per cent £2.05; £2.20 kg, spot.  
**Celery:** English £27 kg; Indian £19.  
**Cinnamon:** Ceylon leaf £1.30 spot, £1.24 cif, Seychelles leaf rectified £2.75; bark, English distilled £88. Chinese £1.10 spot; £0.95, cif.  
**Citronella:** Ceylon spot £1.10 kg; £0.98, cif. Chinese; £1.10; £0.93, cif.  
**Clove:** Madagascar leaf £1.16 kg; £1.11, cif. English distilled bud £17.60.  
**Cod-liver:** BP in 45-gal lots £31.50 naked.  
**Corlander:** £9.35 kg spot.  
**Cubeb:** English, £13 kg.  
**Dill:** £5.75 kg spot.  
**Eucalyptus:** Chinese 80-85 per cent £0.66 kg in bond £0.60, cif.  
**Fennel:** Spanish sweet £2.09 kg.  
**Geranium:** (kg) Bourbon £16.25 kg; Congo £13.75, cif.  
**Ginger:** English distilled £39 kg; Indian £22.50  
**Juniper:** Berry £3.08 kg; wood £0.55.  
**Lavandin:** £2.76 kg spot.  
**Lavender:** French from £4.40 kg.  
**Lavender spike:** In 1-metric ton lots £2.90 kg.  
**Lemon:** Sicilian £3.86 kg as to quality.  
**Lemongrass:** £2 kg spot; May-June £1.77, cif.  
**Lime:** West Indian £7.70 kg spot; £7.15, cif.  
**Mandarin:** £5 kg.  
**Nutmeg:** East Indian £4.95 kg. English distilled from West Indian £12.75; from E Indian £13.15.  
**Olive:** £330-£338 metric ton, fob, Spain, spot £390 long ton, duty paid ex wharf.  
**Orange:** Sweet £0.54 kg spot; bitter from £3.15.  
**Palmarosa:** £7.50 kg spot, £40, cif.  
**Patchouli:** Spot £3.75-£3.85 kg.  
**Pennyroyal:** £2.50-£2.70 kg to arrive.  
**Pepper:** English distilled ex black £32.50 kg.  
**Peppermint (per kg)** Arvensis Chinese. Spot £2.50; £2.30 cif. Brazilian £1.65 spot; April-May £1.57 cif, American Piperata from £3.85.  
**Petitgrain:** £2.80 kg spot.  
**Pine:** (kg) Abietis £3.75, pumilionis £6; sylvestris £1.62.  
**Rosemary:** Spanish £1.55 kg.  
**Sage:** Spanish £1.85 kg spot.  
**Sandalwood:** Mysore spot £13.50. East Indian for shipment £13.40 kg, cif.  
**Spearmint:** American £5 kg, cif; Chinese spot £3.55 kg; shipment £3.50 cif.

## COMING EVENTS

### Sunday, April 30

**Glasgow and West of Scotland Branch, Socialist Medical Association, Trades Council Club, 81 Carlton Place, Glasgow C5** at 2.30pm. Debate on "Health centres—who benefits?"

**Institute of Pharmacy Management, Bedford Hotel, Brighton** at 12 noon. First international conference (until May 5).

### Monday, May 1

**Bournemouth Branch, Pharmaceutical Society, Post Graduate Medical Centre, Palmerston Road, Boscombe, at 8pm.** Annual meeting.  
**Stockport Branch, Pharmaceutical Society, Alma Lodge Hotel, Stockport, at 8pm.** Annual meeting.

### Tuesday, May 2

**Brighton and Hove Branch, Pharmaceutical Society, Langfords Hotel, Hove, at 8.30pm.** Reception for Pharmacy Management Conference delegates.

**Doncaster Branch, Pharmaceutical Society, Rockingham Arms Hotel, Bennetthorpe, at 8pm.** Annual meeting and buffet supper.

**Northumberland and Gateshead Branch, National Pharmaceutical Union, The Border Minstrel, High Gosforth Park, Newcastle, at 7.45pm.** Annual meeting.

**York Branch, Pharmaceutical Society, Coffee House, York, at 8pm.** Annual meeting.

### Thursday, May 4

**Birkenhead Branch, Pharmaceutical Society, Joseph Mayer Rooms, Bebington Civic Centre, at 8pm.** Discussion of resolutions for branch representatives meeting.

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